Massachusetts Division of Health Care Finance and Policy

Uncompensated Care Pool

Electronic Claims Submission Requirements
UB-92

December 23, 2002

Division of Health Care Finance and Policy
Uncompensated Care Pool
Electronic Claim Submission Requirements

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Record Type Specifications

Data Elements

The logical Claim is made up of a series of 192 character records.

The Record Type Specifications that follow provide the following data for each field in the record:

Data Element	Definition
Field	Sequential number for the field in the record (Field Number).
Field Name	Name of the Field.
Type	Format required for field (Field Type). Refer to Field Types section below.
Lgth	Record length, or number of characters in the field.
From	Leftmost position of the field in the 192 character record.
To	Rightmost position of the field in the 192 character record.
R?	Field Requirement Indicator. R = Required, N = Not Required, C = Conditionally Required. Refer to Edit Specifications data (below) for details about requirements.
Edit Specifications	Explanation of Conditional Requirements. List of edits to be performed on fields to test for validity of File, Batch, and Claim.
Field Definition	Definition of the field name and/or description of the expected contents of the field.
FL#	Reference to Form Locator number of equivalent field on the UB92 Form.

Field Types

Field Type	Field Use	Definition	Examples
Text	Date field	Most date fields are 8 characters. The field is formatted as follows: CCYYMMDD	February 14, 2000 would be entered as: 20000214
		For date fields that require Year and Month only, the field is formatted as follows: CCYYMM	February 2000 would be entered as: 200002
	Field containing alpha-numeric data, which will not be used in a numeric calculation	Alpha-numeric characters (A- Z and 0-9) left-justified with trailing spaces.	a) Submitter Name (a 21 character field) might be entered as: County Memorial (followed by six spaces). b) The Attending Physician Board of Registration in Medicine number (a 16 character field) might be entered as: 3665429 (followed by nine spaces).
Numeric (Num)	**A numeric field which will be used in a calculation**	**Numeric, whole, unsigned, integer digits, right-justified.**	**Number of Claims (a 6 character field) might be entered as:** **000229 OR 229 (preceded by 3 spaces)**
Currency (Curr)	**A numeric field which will contain a currency amount**	**(Unformatted) numeric, whole, integer digits, right-justified.** **Last two fields will indicate cents. Always include cents, but no decimal.** **If negative, lead the number with -. Do NOT use EBCDIC signed fields.**	**a) Positive 20 dollars in a 9 character field might be entered as:** **000002000 Or 2000 (preceded by 9 spaces)** **b) Negative $51.37 in a 9 character field might be entered as** **-00005137 OR -5137 (preceded by 4 spaces)**

Record Type Inclusion Rules

Record Type and Title	Required?	Conditions	Number
Record Type '01' : Processor Data	R	Must be present.	One per File.
Record Type '10': Provider Data	R	Must be present.	One per File.
Record Type '20': Patient Data	R	Must be present.	One per Claim.
Record Type '21': Non-Insured Employment Information	C	Include if applicable.	Up to two records per Claim.
Record Type '30': Third Party Payer Data	R	Must be present.	Either one or two for UCP, and up to two additional records if applicable for other payers, per Claim.
Record Type '40': Claim Data - Occurrence	R	Must be present.	One per Claim.
Record Type '50': Inpatient Accommodations Data	C	Must be present for Inpatient Claims.	As needed up to 999 per Claim.
Record Type '60': Inpatient Ancillary Services Data	C	Must be present for Inpatient Claims.	As needed up to 999 per Claim.
Record Type '61': Outpatient Procedures	C	Must be present for Outpatient Claims.	As needed up to 999 per Claim.
Record Type '70': Medical Data	R	Must be present	One per Claim.
Record Type '80': Physician Data	R	Must be present.	One per Claim.
Record Type '90': Claim Control	R	Must be present.	One per Claim.
Record Type '95': Provider Batch Control	R	Must be present.	One per File.
Record Type '99': File Control	R	Must be present.	One per File.

RECORD TYPE 01 - PROCESSOR DATA

- Required as the first record for every file.

- Only one allowed per file.

- Must be followed by RT 10.

**RECORD TYPE 01 -PROCESSOR DATA**							
Field	**Field Name**	**Type**	**Lgth**	**From**	**To**	**R?**	**Edit Specifications**	**Field Definition**	**FL#**
1	Record type	Text	2	1	2	R	Must be present. Must be 01.	Indicator for Record type '01' : Processor Data	
2	Submitter EIN	Text	10	3	12	R	Must be present. Characters must be numeric.	Employer Identification Number/Tax ID of provider, third party billing service, or other organization which submitted the file.	FL05
3	Multiple Provider Billing File Indicator	Text	1	13	13	R	Must be present. Must be 1.	Only one Provider allowed per file.	
4	Filler (National Use)	Text	17	14	30	N			
5	Receiver Type Code	Text	1	31	31	N			
6	Receiver Identification	Text	5	32	36	N			
7	Receiver Sub-Identification	Text	4	37	40	N			
8	Filler (National Use)	Text	6	41	46	N			
9	Submitter Name	Text	21	47	67	R	Must be present.	Name of provider, third party billing service, or other organization which submitted the file.	
10	Submitter Address	Text	18	68	85	N			
11	Submitter City	Text	15	86	100	N			
12	Submitter State	Text	2	101	102	N			

	RECORD TYPE 01 -PROCESSOR DATA								
Field	Field Name	Type	Lgth	From	To	R?	Edit Specifications	Field Definition	FL#
13	Submitter ZIP Code	Text	9	103	111	N			
14	Submitter FAX Number	Text	10	112	121	N			
15	Country Code	Text	4	122	125	N			
16	Submitter Telephone Number	Text	10	126	135	N			
17	File Reference Number	Text	7	136	142	C	Include if available.	Inventory number of the file as assigned by the submitter.	
18	Test/Production Indicator	Text	4	143	146	R	Must be present. Must be valid entry as specified in Code Lists. (Section I.a)	Indicates if claim being submitted is for production or testing purposes.	
19	Date of Receipt (CCYYMMDD) (intermediary use only)	Text	8	147	154	N			
20	Processing Date (Date Bill Submitted)	Text	8	155	162	R	Must be present. Must be valid Date format (CCYYMMDD). **Must be less than or equal to date received.**	Date submitter prepares file.	
21	Filler (Local Use)	Text	27	163	189	N			
22	Filler	Text	3	190	192	N			

RECORD TYPE 10 - PROVIDER DATA

- Required for every file.

- Only one allowed per file.

- Must follow RT 01.

**Record type '10': Provider Data**

Field	FIELD NAME	Type	Lgth	From	To	R?	Edit Specifications	Field Definition	FL#
1	Record type '10'	Text	2	1	2	R	Must be present. Must be 10.	Indicator for Record Type '10': Provider Data	
2	Filler		3	3	5	N			
3	Batch Number	Text	2	6	7	R	Must be present. Must be 01.	Only one Batch allowed per File	
4	Federal Tax Number or EIN	Text	10	8	17	R	Must be present. Characters must be numeric.	The number assigned to the provider by the Federal government for tax reports purposes. Also known as a tax identification number (TIN) or employer identification number (EIN).	FL05
5	Federal Tax Sub ID	Text	4	18	21	N		Four position modifier to Federal Tax ID listed above.	
6	Department of Public Health Number for Provider (DPH#)	Text	13	22	34	R	Must be present. Characters must be numeric.	The number assigned to the provider by the Massachusetts Department of Public Health. Refer to Code Lists for a listing of most valid numbers. (Section II.a)	FL51

\	Record type '10': Provider Data								
Field	FIELD NAME	Type	Lgth	From	To	R?	Edit Specifications	Field Definition	FL#
7	Uncompensated Care Pool Organization ID for Provider	Text	13	35	47	R	Must be present. Characters must be numeric. Must be valid entry as specified in Code Lists. (Section II.b)	The Organization ID assigned to the provider by the Massachusetts Division of Health Care Finance and Policy.	FL51
8	CHAMPUS Insurer Provider Number	Text	13	48	60	N			FL51
9	Other Insurer Provider Number	Text	13	61	73	N			FL51
10	Other Insurer Provider Number	Text	13	74	86	N			FL51
11	Provider Telephone Number	Text	10	87	96	N			FL01
12	Provider Name	Text	25	97	121	R	Must be present.	Name of provider submitting this batch of claims.	FL01
13	Provider Address	Text	25	122	146	R	Must be present.	Mailing address of the provider: Address.	FL01
14	Provider City	Text	14	147	160	R	Must be present.	Mailing address of the provider: City.	FL01
15	Provider State	Text	2	161	162	R	Must be present.	Mailing address of the provider: State	FL01
16	Provider ZIP Code	Text	9	163	171	R	Must be present. Characters must be numeric.	Mailing address of the provider: Zip Code	FL01
17	Provider FAX Number	Text	10	172	181	N			
18	Country Code	Text	4	182	185	N			
19	Filler (National Use)	Text	4	186	189	N			
20	Filler (State Use)	Text	3	190	192	N			

RECORD TYPE 20 – PATIENT DATA

- Required for every Claim.

- Only one allowed per Claim.

- Must follow either RT 10 or RT 90.

- Must be followed by RT 21 or 30.

- All records following up through RT 90 must have the same Patient / Transaction Control Number (TCN).

Field	Field Name	Type	Lgth	From	To	R?	Edit Specifications	Field Definition	FL#
**RECORD TYPE 20 – PATIENT DATA**
1	Record type '20'	Text	2	1	2	R	Must be present. Must be 20.	Indicator for Record Type 20 – Patient Data.	
2	Filler (National Use)	Text	2	3	4	N			
3	Patient / Transaction Control Number (TCN)	Text	20	5	24	R	Must be present. Must match TCN on all Records for same Claim. Must be unique claim number for Provider (not to be re-used with the exception of a resubmission or cancellation of the same claim for the same patient).	The unique number assigned by the Provider to each patient's claim that distinguishes the patient and their claim from all other claims in that institution. Newborns must have their own TCN separate from that of their mother. Resubmission or cancellation of a claim must use the same TCN as the original claim.	FL03
4	Patient Last Name	Text	20	25	44	R	Must be present.	Patient Last Name.	FL12
5	Patient First Name	Text	9	45	53	R	Must be present.	Patient First Name.	FL12
6	Patient Middle Initial	Text	1	54	54	C	Include if existing and available.	Patient Middle Initial.	FL12

RECORD TYPE 20 – PATIENT DATA

Field	Field Name	Type	Lgth	From	To	R?	Edit Specifications	Field Definition	FL#
7	Patient Sex	Text	1	55	55	R	Must be present. Must be valid entry as specified in Code Lists. (Section III.b)	A code indicating Patient gender.	FL15
8	Patient Birthdate	Text	8	56	63	C	Must be present for Claims with Value Codes PF and PT and if available for Value Code PE (RT40, field 28). Must be Date format (CCYYMMDD).	The date of birth of the patient.	FL14
9	Patient Marital Status	Text	1	64	64	C	Include if available. Must be valid entry as specified in Code Lists. (Section III.a)	A code indicating the marital status of the patient at date of admission, outpatient service, or start of care.	FL16
10	Type of Admission	Text	1	65	65	C	Must be present for Inpatient. Must be valid entry as specified in Code Lists. (Section III.e)	A code indicating the priority of this admission.	FL19
11	Source of Admission	Text	1	66	66	C	Must be present for Inpatient. Must be valid entry as specified in Code Lists. (Section III.d)	A code indicating the source of this admission.	FL20
12	Patient Address - Line 1	Text	18	67	84	C	Include if available.	The address of the patient: Address Line 1.	FL13
13	Patient Address - Line 2	Text	12	85	96	C	Include if available.	The address of the patient: Address Line 2.	FL13
14	Patient City	Text	15	97	111	C	Include if available.	The address of the patient: City.	FL13
15	Patient State	Text	2	112	113	C	Include if available.	The address of the patient: State.	FL13
16	Patient ZIP Code	Text	9	114	122	C	Include if available. Characters must be numeric.	The address of the patient: ZIP Code.	FL13

RECORD TYPE 20 – PATIENT DATA								
Field	Field Name	Type	Lgth	From	To	R?	Edit Specifications	Field Definition	FL#
17	Admission/Start of Care Date	Text	8	123	130	R	Must be present. Must be Date format (CCYYMMDD).	The date the patient was admitted to the provider for inpatient care, outpatient service, or start of care.	FL17
18	Admission Hour	Text	2	131	132	C	Include if available for Inpatient. Characters must be numeric.	The hour during which the patient was admitted for inpatient care. Use hour in military time (00 to 23).	FL18
19	Statement Covers Period From	Text	8	133	140	R	Must be present. Must be Date format (CCYYMMDD).	The beginning service date of the period covered by this bill.	FL06
20	Statement Covers Period Thru	Text	8	141	148	R	Must be present. Must be Date format (CCYYMMDD). Must be greater than or equal to Statement Covers Period From date (RT 20 field 19).	The ending service date of the period covered by this bill. For Inpatient records whose Type of Bill is "New Admit-Through-Discharge"or "Late Charges Only" (refer to RT40, field 4, third digit 1 or 5), must be the Date of Discharge.	FL06
21	Patient Status	Text	2	149	150	R	Must be present. Must be valid entry as specified in Code Lists. (Section III.c)	A code indicating patient's status as of the statement covers thru date.	FL22
22	Discharge Hour	Text	2	151	152	C	Include if available for Inpatient only. Characters must be numeric.	Hour that the patient was discharged from inpatient care. Use hour in military time (00 to 23).	FL21

RECORD TYPE 20 – PATIENT DATA								
Field	Field Name	Type	Lgth	From	To	R?	Edit Specifications	Field Definition	FL#
23	Payments Received (Patient line)	Curr	10	153	162	R	Must be present. Must be unformatted currency format. Include cents. Do not include decimal.	Amount patient has paid to the provider towards this bill.	FL54
24	Estimated Amount Due (Patient line)	Curr	10	163	172	R	Include if applicable, i.e., if payment is expected from the patient to the provider towards this bill. Must be unformatted currency format. Include cents. Do not include decimal.	The amount estimated by the hospital to be due from the patient.	FL55
25	Medical Record Number	Text	17	173	189	R	Must be present.	The unique number assigned to each patient within the hospital that distinguishes the patient and the patient's hospital record(s) from all other patients in that institution.	FL23
26	Filler (National Use)		3	190	192	N			

RECORD TYPE 21 - EMPLOYMENT INFORMATION

- Include if applicable, up to two records per Claim.

- Must follow RT 20.

- Must be followed by RT 2l or RT 30.

There are four different individuals to whom this may apply: the patient, the patient's spouse, the patient's father, and the patient's mother. If more than two of these individuals are involved in this claim, use a second record type 21 to submit the relevant employment data for the third, and if applicable, the fourth party involved. The sequence number (field 2) of the second Type 21 record is shown as "02".

	Record Type '21': Employment Information								
Field	Field Name	Type	Lgth	From	To	R?	Edit Specifications	Field Definition	FL#
1	Record type '21'	Text	2	1	2	R	Must be present. Must be 21.	Indicator for Record Type '21': Non-Insured Employment Information.	
2	Sequence Number	Num	2	3	4	R	Must be present. Must be 01 for first record or 02 for second record.		
3	Patient / Transaction Control Number (TCN)	Text	20	5	24	R	Must be present. Must match TCN on all Records for same Claim. Must be unique claim number for Provider (not to be re-used with the exception of a resubmission or cancellation of the same claim for the same patient).	The unique number assigned by the Provider to each patient's claim that distinguishes the patient and their claim from all other claims in that institution. Newborns must have their own TCN separate from that of their mother. Resubmission or cancellation of a claim must use the same TCN as the original claim.	FL03
4	Employer Name	Text	24	25	48	R	Must be present if Record Type 21 is present.	Name of employer that may provide health care coverage for the Patient.	FL65

Record Type '21': Employment Information								
Field	Field Name	Type	Lgth	From	To	R?	Edit Specifications	Field Definition	FL#
5	Employer Address	Text	18	49	66	C	Include if available.	The specific location for the employer that may provide health care coverage for the Patient: Address.	FL66
6	Employer City	Text	15	67	81	C	Include if available.	The specific location for the employer that may provide health care coverage for the Patient: City.	FL66
7	Employer State	Text	2	82	83	C	Include if available.	The specific location for the employer that may provide health care coverage for the Patient: State.	FL66
8	Employer ZIP Code	Text	9	84	92	C	Include if available. Characters must be numeric.	The specific location for the employer that may provide health care coverage for the Patient: Zip Code.	FL66
9.1	Employment Status Code	Text	1	93	93	C	Must be present if any of fields 4 through 8 are present. Must be valid entry as specified in Code Lists. (Section IV.b)	A code used to define the employment status of the individual whose employer may provide health care coverage for the Patient.	FL64
9.2	Employer Qualifier (Patient's relationship to Insured)	Text	2	94	95	C	Must be present if any of fields 4 through 9.1 are present. Must be valid entry as specified in Code Lists. (Section IV.a)	Identifies the patient's relationship to the person whose employer may provide health care coverage for the Patient.	FL59
10	Filler (National Use)	Text	13	96	108	N			
11	Employer Name	Text	24	109	132	C	Include if available.	Name of employer that may provide health care coverage for the Patient.	FL65
12	Employer Address	Text	18	133	150	C	Include if available.	The specific location for the employer that may provide health care coverage for the Patient: Address.	FL66

\<br\>**Record Type '21': Employment Information**								
Field	**Field Name**	**Type**	**Lgth**	**From**	**To**	**R?**	**Edit Specifications**	**Field Definition**	**FL#**
13	Employer City	Text	15	151	165	C	Include if available.	The specific location for the employer that may provide health care coverage for the Patient: City.	FL66
14	Employer State	Text	2	166	167	C	Include if available.	The specific location for the employer that may provide health care coverage for the Patient: State.	FL66
15	Employer ZIP Code	Text	9	168	176	C	Include if available. Characters must be numeric.	The specific location for the employer that may provide health care coverage for the Patient: Zip Code.	FL66
16.1	Employment Status Code	Text	1	177	177	C	Include if available. Must be valid entry as specified in Code Lists. (Section IV.b)	A code used to define the employment status of the individual whose employer may provide health care coverage for the Patient.	FL64
16.2	Employer Qualifier	Text	2	178	179	C	Must be present if any of fields 11 through 16.1 are present. Must be valid entry as specified in Code Lists. (Section IV.a)	Identifies the patient's relationship to the person whose employer may provide health care coverage for the Patient.	FL59
17	Filler (National Use)	Text	13	180	192	N			

RECORD TYPE 30 – THIRD PARTY PAYER

- Required for all claims, up to 4 records per claim.

- At least one third party payer record (record type 30) must appear in the claim for each payer involved in the bill. The Uncompensated Care Pool (UCP) may have two records.

- There must be at least one Record Type 30 with a UCP Payer Id (**143** and/or **990**) included in each claim.

- The order of Sequence numbers assigned to Payer records indicates which payer is primary, secondary, or tertiary.

- In the following example, the Uncompensated Care Pool (UCP) is the tertiary payer. If there are no other payers, the UCP record should be assigned Sequence 01.

Payer	Record Type Code	Sequence Number
Primary Payer	30	01
Secondary Payer	30	02
Uncompensated Care Pool (Free Care Services)	30	03
Uncompensated Care Pool (Free Care - Co-pay, Deductible, or Co-insurance)	30	04

- **For the UCP record(s), the DHCFP Payer Codes are:**

Payer Code	Payer Name	Charges to include in Record
143	Free Care Services	Charges for services which the provider is submitting to the UCP.

    AND/OR

990	Free Care – Co-pay, Deductible, or Co-insurance	Patient Co-pay, deductible, or co-insurance charges which the provider is submitting to the UCP.

Record type '30', Third Party Payer Data								
Field	**Field Name**	**Type**	**Lgth**	**From**	**To**	**R?**	**Edit Specifications**	**Field Definition**	**FL#**
1	Record type '30'	Text	2	1	2	R	Must be present. Must be 30.	Indicator for Record type '30', Third Party Payer Data.	
2	Sequence Number	Num	2	3	4	R	Must be present. Must be 01 for first record, 02, 03, or 04 for second, third and fourth records if present.	Sequence 01 represents the primary payer. If applicable, sequence 02 represents the secondary payer, and sequence 03 represents the tertiary payer. UCP payer may have two records.	
3	Patient / Transaction Control Number (TCN)	Text	20	5	24	R	Must be present. Must match TCN on all Records for same Claim. Must be unique claim number for Provider (not to be re-used with the exception of a resubmission or cancellation of the same claim for the same patient).	The unique number assigned by the Provider to each patient's claim that distinguishes the patient and their claim from all other claims in that institution. Newborns must have their own TCN separate from that of their mother. Resubmission or cancellation of a claim must use the same TCN as the original claim.	FL03
4	Filler	Text	1	25	25	R			
5	DHCFP Payer Identification	Text	3	26	28	R	Must be present. Must be valid entry as specified in Code Lists. (Section V.a) **There must be at least one Record Type 30 with a UCP Payer Id (143 or 990) included in each claim.** **There may be only one 30 record each per Claim for the 143 and 990 UCP Payer Ids.**	The number assigned to the payer by the DHCFP. If any "Other" code is selected (99, 141, 144, 147, 148, 150, 199), the Payer Name (RT 30 field 8.2) is a required field. For the UCP record(s), use code 143 (Free Care Services) or 990 (Free Care – Co-pay, Deductible, Co-insurance).	FL50
6	Filler	Text	6	29	34	N			FL50

Record type '30', Third Party Payer Data								
Field	Field Name	Type	Lgth	From	To	R?	Edit Specifications	Field Definition	FL#
7	Social Security Number	Text	19	35	53	C	Include if provided by the patient.	The patient's Social Security Number. If unavailable, leave this field blank.	FL60
8.1	Filler	Text	2	54	55	N			
8.2	Payer Name	Text	23	56	78	C	Must be present if one of the "Other" codes has been selected in DHCFP Payer Identification (RT 30 field 5).	The name of the third party payer for this record. If any "Other" code (99, 141, 144, 147, 148, 150, 199) is selected in DHCFP Payer Identification (RT 30 field 5), this becomes a required field. Name identifying the payer organization from which the provider might expect some payment for the bill.	FL50
9	Filler	Text	1	79	79	N			
10	Insurance Group Number	Text	17	80	96	C	Include if available for Non-UCP payer record(s).	The identification number, control number, or code assigned by the carrier or administrator to identify the group under which the individual is covered.	FL62
11	Insured Group Name	Text	14	97	110	C	Include if available for Non-UCP payer record(s).	Name of the group or plan that provides insurance to the insured.	FL61
12	Insured's Last Name	Text	20	111	130	R	Must be present	For the record(s) where the payer is the UCP, enter the applicant name on the UCP Form (the patient). For other payer records, enter the name of the individual in whose name the insurance is carried: Last Name.	FL58

table								
Record type '30', Third Party Payer Data								
Field	Field Name	Type	Lgth	From	To	R?	Edit Specifications	Field Definition	FL#
13	Insured's First Name	Text	9	131	139	R	Must be present.	For the record(s) where the payer is the UCP, enter the applicant name on the UCP Form (the patient). For other payer records, enter the name of the individual in whose name the insurance is carried: First Name.	FL58
14	Insured's Middle Initial	Text	1	140	140	C	Include if applicable.	For the record(s) where the payer is the UCP, enter the applicant name on the UCP Form (the patient). For other payer records, enter the name of the individual in whose name the insurance is carried: Middle Initial.	FL58
15	Insured's Sex	Text	1	141	141	N			
16	Release of Information Certification Indicator	Text	1	142	142	R	Must be present. Must be valid entry as specified in Code Lists. (Section V.d)	A code indicating that the provider has on file a signed statement permitting the payer to release data to other organizations in order to process the claim.	FL52
17	Assignment of Benefits Certification Indicator	Text	1	143	143	N			FL53
18	Patient's Relationship to Insured	Text	2	144	145	C	Must be present for Non-UCP payer record(s). Must be valid entry as specified in Code Lists. (Section V.c)	A code indicating the relationship of the patient to the identified insured.	FL59
19	Employment Status Code of Insured	Text	1	146	146	C	Include if applicable. Must be valid entry as specified in Code Lists. (Section V.b)	A code used to define the employment status of the individual identified as the Insured on this record.	FL64
20	Covered Days	Num	3	147	149	N			FL07

Field	Field Name	Type	Lgth	From	To	R?	Edit Specifications	Field Definition	FL#
span: **Record type '30', Third Party Payer Data**									
21	Non-covered Days	Num	4	150	153	N			FL08
22	Coinsurance Days	Num	3	154	156	N			FL09
23	Lifetime Reserve Days	Num	3	157	159	N			FL10
24	Patient Tax ID Number	Text	13	160	172	C	Include if available, if patient Social Security Number (RT30 field 7) is not available.	Patient's Tax ID number.	
25	Covered Charges	Curr	10	173	182	R	Must be present. Must be unformatted currency format. Include cents. Do not include decimal.	Covered charges billed to the indicated payer.	
26	Estimated Amount Due	Curr	10	183	192	R	**Must be present and not equal to zero, for UCP record(s).** **Must be unformatted currency format. Include cents. Do not include decimal.** **Estimated amount due for payer 143 + estimated amount due for payer 990 must not be greater than Total Accommodation and Ancillary Charges for Claim.**	The amount estimated by the hospital to be due from the indicated payer.	FL55

RECORD TYPE 40 - CLAIM DATA - OCCURRENCE

- Must be present.

- Only one allowed per Claim

- Must follow RT 30.

**Record Type '40': Claim Data – Occurrence**
Field	**Field Name**	**Type**	**Lgth**	**From**	**To**	**R?**	**Edit Specifications**	**Field Definition**	**FL#**
1	Record Type '40'	Text	2	1	2	R	Must be present. Must be 40.	Indicator for Record Type '40': Claim Data – Occurrence.	
2	Sequence Number	Num	2	3	4	R	Must be present. Must be 01.		
3	Patient / Transaction Control Number (TCN)	Text	20	5	24	R	Must be present. Must match TCN on all Records for same Claim. Must be unique claim number for Provider (not to be re-used with the exception of a resubmission or cancellation of the same claim for the same patient).	The unique number assigned by the Provider to each patient's claim that distinguishes the patient and their claim from all other claims in that institution. Newborns must have their own TCN separate from that of their mother. Resubmission or cancellation of a claim must use the same TCN as the original claim.	FL03
4	Type of Bill	Text	3	25	27	R	Must be present. Must be valid entry as specified in Code Lists. (Section VI.b)	A three digit code indicating the specific type of bill (Hospital, CHC, Hospital-based CHC, Inpatient, Outpatient, New, Interim, Replacement, Late Charges, Void/Cancel).	FL04
5	Treatment Authorization Code-A	Text	18	28	45	N			FL63
6	Treatment Authorization Code-B	Text	18	46	63	N			FL63

	Record Type '40': Claim Data – Occurrence							
Field	Field Name	Type	Lgth	From	To	R?	Edit Specifications	Field Definition	FL#
7	Treatment Authorization Code-C	Text	18	64	81	N			FL63
8	Occurrence Code - 1	Text	2	82	83	C	Include if applicable. Must be valid entry as specified in Code Lists. (Section VI.a)	A code defining a significant event relating to this bill that may affect payer processing. Occurrence code and occurrence date repeat for a total of 5 iterations.	FL32-35
9	Occurrence Date - I	Text	8	84	91	C	Must be present if Occurrence Code exists in previous field. Must be Date format (CCYYMMDD).	Date associated with the occurrence code in the preceding field. Both occurrence code and occurrence date repeat for a total of 5 iterations.	FL32-35
10	Occurrence Code - 2	Text	2	92	93	C	Include if applicable. May only be present if all previous Occurrence Codes are present in this record. Must be valid entry as specified in Code Lists. (Section VI.a)	See Occurrence Code – 1	FL32-35
11	Occurrence Date - 2	Text	8	94	101	C	Must be present if Occurrence Code is present in previous field. May only be present if all previous Occurrence Dates are present in this record. Must be Date format (CCYYMMDD).	See Occurrence Date - 1	FL32-35

Record Type '40': Claim Data – Occurrence								
Field	Field Name	Type	Lgth	From	To	R?	Edit Specifications	Field Definition	FL#
12	Occurrence Code - 3	Text	2	102	103	C	Include if applicable. May only be present if all previous Occurrence Codes are present in this record. Must be valid entry as specified in Code Lists. (Section VI.a)	See Occurrence Code – 1	FL32-35
13	Occurrence Date - 3	Text	8	104	111	C	Must be present if Occurrence Code is present in previous field. May only be present if all previous Occurrence Dates are present in this record. Must be Date format (CCYYMMDD).	See Occurrence Date - 1	FL32-35
14	Occurrence Code - 4	Text	2	112	113	C	Include if applicable. May only be present if all previous Occurrence Codes are present in this record. Must be valid entry as specified in Code Lists. (Section VI.a)	See Occurrence Code – 1	FL32-35
15	Occurrence Date - 4	Text	8	114	121	C	Must be present if Occurrence Code is present in previous field. May only be present if all previous Occurrence Dates are present in this record. Must be Date format (CCYYMMDD).	See Occurrence Date - 1	FL32-35

	Record Type '40': Claim Data – Occurrence							
Field	**Field Name**	**Type**	**Lgth**	**From**	**To**	**R?**	**Edit Specifications**	**Field Definition**	**FL#**
16	Occurrence Code - 5	Text	2	122	123	C	Include if applicable. May only be present if all previous Occurrence Codes are present in this record. Must be valid entry as specified in Code Lists. (Section VI.a)	See Occurrence Code – 1	FL32-35
17	Occurrence Date - 5	Text	8	124	131	C	Must be present if Occurrence Code is present in previous field. May only be present if all previous Occurrence Dates are present in this record. Must be Date format (CCYYMMDD).	See Occurrence Date - 1	FL32-35
18	Filler		2	132	133	N			FL32-35
19	Filler		8	134	141	N			FL32-35
20	Filler		2	142	143	N			FL32-35
21	Filler		8	144	151	N			FL32-35
22	Occurrence Span Code – 1	Text	2	152	153	N			FL36
23	Occurrence Span FROM DATE-1	Text	8	154	161	N			FL36
24	Occurrence Span THRU DATE-1	Text	8	162	169	N			FL36
25	Occurrence Span Code – 2	Text	2	170	171	N			FL36

Record Type '40': Claim Data – Occurrence								
Field	Field Name	Type	Lgth	From	To	R?	Edit Specifications	Field Definition	FL#
26	Occurrence Span FROM DATE-2	Text	8	172	179	N			FL36
27	Occurrence Span THRU DATE-2	Text	8	180	187	N			FL36
28	Value Code (UCP)	Text	2	188	189	R	Must be present. Must be valid entry as specified in Code Lists. (Section VI.c)	A unique code assigned to every claim indicating the type of claim. Claims cannot be assigned more than one value code	FL39-41
29	Filler		3	190	192				

RECORD TYPE 50 - INPATIENT ACCOMMODATIONS DATA

- Required for Inpatient Claims.

- May be preceded by RT 40 or 50.

- May be followed by RT 50 or 60.

- Accommodations codes must be entered in numeric sequence.

- The sequence number for record type 50 can go from 001 to 999, each such physical record containing four accommodations, thus making provision for reporting up to 3996 accommodations on a single claim.

Record Type '50': IP Accommodations Data								
Field	Field Name	Type	Lgth	From	To	R?	Edit Specifications	Field Definition	FL#
1	Record type '50'	Text	2	1	2	R	Must be present. Must be 50.	Indicator for Record Type '50': IP Accommodations Data.	
2	Sequence Number	Num	3	3	5	R	Must be present. Must be Numeric format. Must be sequential with other type 50 records, starting with 001.	A code to identify multiple occurrences of Record Type '50' when a single reporting of this record is not sufficient to capture all the inpatient accommodations revenue center codes used for this claim. The code is a sequential recording of the number of occurrences of this record, e.g. '001' or '002'.	

Record Type '50': IP Accommodations Data								
Field	Field Name	Type	Lgth	From	To	R?	Edit Specifications	Field Definition	FL#
3	Patient / Transaction Control Number (TCN)	Text	20	6	25	R	Must be present. Must match TCN on all Records for same Claim. Must be unique claim number for Provider (not to be re-used with the exception of a resubmission or cancellation of the same claim for the same patient).	The unique number assigned by the Provider to each patient's claim that distinguishes the patient and their claim from all other claims in that institution. Newborns must have their own TCN separate from that of their mother. Resubmission or cancellation of a claim must use the same TCN as the original claim.	FL03
4	Filler		3	26	28	N			
5	Accommodations Revenue Code	Text	4	29	32	R	**Must be present for Inpatient claim, unless the Bill Type is Late Charges Only (RT40 Field 4, 3rd digit = 5).** Must be valid entry as specified in Federal Register Guidelines, Volume 4-7-00, Vol. 65, No.68.	UB-92 accommodations revenue center code for the accommodation provided. (Each Accommodations Revenue Center Code for the Claim requires a separate iteration of the Group Element defined by RT50 fields 5-9, including associated Total Amount for each RC. See fields 11, 13, and 15.)	FL42
6	Accommodations Rate	Curr	9	33	41	R	**Must be present for Inpatient claim, unless the Bill Type is Late Charges Only (RT40 Field 4, 3rd digit = 5).** Must be unformatted currency format. Include cents. Do not include decimal.	Per diem rate for related DHCFP accommodations revenue center code in the previous field.	FL44
7	Accommodations Days	Num	4	42	45	R	**Must be present for Inpatient claim, unless the Bill Type is Late Charges Only (RT40 Field 4, 3rd digit = 5).** Must be Numeric format.	A numeric count of accommodations days associated with the Revenue Code and Rate in the previous 2 fields.	FL46

| Record Type '50': IP Accommodations Data |

Field	Field Name	Type	Lgth	From	To	R?	Edit Specifications	Field Definition	FL#
8	Accommodations Total Charges	Curr	10	46	55	R	Must be present for Inpatient claim. Must be unformatted currency format. Include cents. Do not include decimal. **Must not be zero, unless the Bill Type is Late Charges Only (RT40 Field 4, 3rd digit = 5).**	Total charges for the Accommodations revenue code, days, and rate in the previous 3 fields.	FL47
9	Accommodations Non-covered Charges	Curr	10	56	65	N			FL48
10	Filler		4	66	69	N			
11	Accommodations – 2		37	70	106	C	Include if applicable. May only be present if all previous Accommodations fields are present.	Group Element: Same as RT50 fields 5-9, FLs 42, 44, 46, 47, 48	
12	Filler		4	107	110	N			
13	Accommodations - 3		37	111	147	C	Include if applicable. May only be present if all previous Accommodations fields are present.	Group Element: Same as RT50 fields 5-9, FLs 42, 44, 46, 47, 48	
14	Filler		4	148	151	N			
15	Accommodations - 4		37	152	188	C	Include if applicable. May only be present if all previous Accommodations fields are present.	Group Element: Same as RT50 fields 5-9, FLs 42, 44, 46, 47, 48	
16	Leave of Absence Days	Num	4	189	192	C	Include if applicable. Must be Numeric format.	The count in days of a patient's absence with physician approval during a hospital stay without formal discharge and readmission to the facility.	

RECORD TYPE 60 - INPATIENT ANCILLARY SERVICES DATA

- Must be present for Inpatient claims.

- May be preceded by RT 50 or 60.

- May be followed by RT 60 or 70.

- The sequence number for record type 60 can go from 0l to 999, each such physical record containing three inpatient ancillary service codes, thus making provision for reporting up to 2997 inpatient ancillary services on a single claim.

- INPATIENT ANCILLARY CODES MUST BE IN CODE NUMBER SEQUENCE.

Record type '60': Inpatient Ancillary Services Data								
Field	Field Name	Type	Lgth	From	To	R?	Edit Specifications	Field Definition	FL#
1	Record type '60'	Text	2	1	2	R	Must be present. Must be 60	Indicator for Record type '60': Inpatient Ancillary Services Data.	
2	Sequence Number	Num	3	3	5	R	Must be present. Must be Numeric format. Must be sequential with other type 60 records, starting with 001.	A code to identify multiple occurrences of Record Type '60' when a single reporting of this record is not sufficient to capture all the inpatient ancillary services used for this claim. The code is a sequential recording of the number of occurrences of this record, e.g. '001' or '002'.	
3	Patient / Transaction Control Number (TCN)	Text	20	6	25	R	Must be present. Must match TCN on all Records for same Claim. Must be unique claim number for Provider (not to be re-used with the exception of a resubmission or cancellation of the same claim for the same patient).	The unique number assigned by the Provider to each patient's claim that distinguishes the patient and their claim from all other claims in that institution. Newborns must have their own TCN separate from that of their mother. Resubmission or cancellation of a claim must use the same TCN as the original claim.	FL03
4	Filler			2	26	27	N		

Record type '60': Inpatient Ancillary Services Data

Field	Field Name	Type	Lgth	From	To	R?	Edit Specifications	Field Definition	FL#
5	Inpatient Ancillary Revenue Code	Text	4	28	31	R	Must be present. Must be valid entry as specified in Federal Register Guidelines, Volume 4-7-00, Vol. 65, No.68.	Selected UB-92 Inpatient Ancillary revenue center code for the accommodation provided. (Each Inpatient Ancillary Revenue Center Code for the Claim requires a separate iteration of the Group Element defined by RT60 fields 5-14, including associated Total Amount for each RC, and Procedure Codes if required. See fields 15 and 16.)	FL42
6	HCPCS Procedure Code/HIPPS	Text	5	32	36	C	**Include if available.** **If present, must be valid entry as specified in Federal Register Guidelines, Volume 4-7-00, Vol. 65, No.68.**	HCPCS Procedure Code/HIPPS	FL44
7	Modifier 1 (HCPCS & CPT-4)	Text	2	37	38	C	Include if applicable. May only be present if HCPCS code is present in previous field. Must be valid entry as specified in Federal Register Guidelines, Volume 4-7-00, Vol. 65, No.68.	Two position codes serving as modifier to HCPCS procedure.	FL44
8	Modifier 2 (HCPCS & CPT-4)	Text	2	39	40	C	Include if applicable. May only be present if HCPCS code is present in previous field. Must be valid entry as specified in Federal Register Guidelines, Volume 4-7-00, Vol. 65, No.68.	Two position codes serving as modifier to HCPCS procedure.	FL44
9	Inpatient Ancillary Units of Service	Num	7	41	47	N			FL46

Record type '60': Inpatient Ancillary Services Data								
Field	Field Name	Type	Lgth	From	To	R?	Edit Specifications	Field Definition	FL#
10	Inpatient Ancillary Total Charges	Curr	10	48	57	R	Must be present. Must be unformatted currency format. Include cents. Do not include decimal. **Must not be zero, unless preceding Revenue Code is the second consecutive (duplicate) instance of series 39x, 49x, or 51x (charges bundled with the first instance).**	Total charges pertaining to the related inpatient ancillary revenue center code.	FL47
11	Inpatient Ancillary Non-covered Charges	Curr	10	58	67	N			FL48
12	Form Locator 49	Text	4	68	71	N			
13	Assessment Date (CCYYMMDD)	Text	8	72	79	N			
14	Filler (National Use)	Text	3	80	82	N			
15	Inpatient Ancillaries - 2		55	83	137	C	Include if applicable. Field Layout and Edits same as RT 60 fields 5-14. May only be present if all previous ancillary fields are present.	Group Element: Same as RT60 fields 5-14, FLs 42, 44, 46, 47, 48	
16	Inpatient Ancillaries - 3		55	138	192	C	Include if applicable. Field Layout and Edits same as RT 60 fields 5-14. May only be present if all previous ancillary fields are present.	Group Element: Same as RT60 fields 5-14, FLs 42, 44, 46, 47, 48	

RECORD TYPE 61 - OUTPATIENT PROCEDURES

- Required for Outpatient claim.

- May be preceded by RT 40 or 61.

- May be followed by RT 61 or 70.

- The sequence number for record type 61 can go from 01 to 999, each such physical record containing three procedure codes, thus making provision for reporting up to 2997 procedures on a single claim.

- OUTPATIENT ANCILLARY CODES MUST BE IN CODE NUMBER SEQUENCE.

Record type '61': Outpatient Procedures								
Field	Field Name	Type	Lgth	From	To	R?	Edit Specifications	Field Definition	FL#
1	Record type '61'	Text	2	1	2	R	Must be present. Must be 61.	Indicator for Record type '61': Outpatient Procedures.	
2	Sequence Number	Num	3	3	5	R	Must be present. Must be Numeric format. Must be sequential with other type 61 records, starting with 001.	A code to identify multiple occurrences of Record Type '61' when a single reporting of this record is not sufficient to capture all the outpatient ancillary services used for this claim. The code is a sequential recording of the number of occurrences of this record, e.g. '001' or '002'.	
3	Patient / Transaction Control Number (TCN)	Text	20	6	25	R	Must be present. Must match TCN on all Records for same Claim. Must be unique claim number for Provider (not to be re-used with the exception of a resubmission or cancellation of the same claim for the same patient).	The unique number assigned by the Provider to each patient's claim that distinguishes the patient and their claim from all other claims in that institution. Newborns must have their own TCN separate from that of their mother. Resubmission or cancellation of a claim must use the same TCN as the original claim.	FL03

Record type '61': Outpatient Procedures								
Field	Field Name	Type	Lgth	From	To	R?	Edit Specifications	Field Definition	FL#
4	Filler		2	26	27	N			
5	Revenue Code - 1	Text	4	28	31	R	Must be present. Must be valid entry as specified in Federal Register Guidelines, Volume 4-7-00, Vol. 65, No.68.	UB-92 revenue center code for outpatient ancillary services provided. Beginning of Group Element in fields 5–14 for Outpatient Procedures. Two additional iterations are in related locations for RT 61, fields 15-16. Each Revenue Center / HCPCS Code / Date of Service combination for the Outpatient Claim requires a separate iteration of this Group Element including the associated Total Amount for each.	FL42
6	HCPCS Procedure Code	Text	5	32	36	C	**Must be present unless Revenue Code is one of the series listed in Section IX.a** **If present, must be valid entry as specified in Federal Register Guidelines, Volume 4-7-00, Vol. 65, No.68.**	HCPCS Procedure Code/HIPPS	FL44
7	Modifier 1 (HCPCS & CPT-4)	Text	2	37	38	C	Include if applicable. May only be present if HCPCS code is present in previous field. Must be valid entry as specified in Federal Register Guidelines, Volume 4-7-00, Vol. 65, No.68.	Two position codes serving as modifier to HCPCS procedure.	FL44

Field	Field Name	Type	Lgth	From	To	R?	Edit Specifications	Field Definition	FL#
**Record type '61': Outpatient Procedures**								

Field	Field Name	Type	Lgth	From	To	R?	Edit Specifications	Field Definition	FL#
8	Modifier 2 (HCPCS & CPT-4)	Text	2	39	40	C	Include if applicable. May only be present if HCPCS code is present in previous field. Must be valid entry as specified in Federal Register Guidelines, Volume 4-7-00, Vol. 65, No.68.	Two position codes serving as modifier to HCPCS procedure.	FL44
9	Units of Service	Num	7	41	47	N			FL46
10	Form Locator 49	Text	6	48	53	N			FL49
11	Outpatient Total Charges	Curr	10	54	63	R	Must be present. Must be unformatted currency format. Include cents. Do not include decimal. **Must not be zero, unless preceding Revenue Code is the second consecutive (duplicate) instance of series 39x, 49x, or 51x (charges bundled with the first instance).**	Total charges for the related Revenue Code, HCPCS Code, and Service Date.	FL47
12	Outpatient Non-covered Charges	Curr	10	64	73	N			FL48
13	Date of Service (CCYYMMDD)	Text	8	74	81	R	Must be present. Must be Date format (CCYYMMDD). **Date must not be earlier than 3 days prior to Statement Covers From Date (RT20 field 19). Date must not be later than Statement covers Thru Date (RT20 field 20).**	For outpatient claims, providers report a separate date for each day of service for the related Revenue Code and HCPCS Code.	FL45
14	Filler (National Use)	Text	1	82	82	N			

Record type '61': Outpatient Procedures								
Field	Field Name	Type	Lgth	From	To	R?	Edit Specifications	Field Definition	FL#
15	Revenue Code - 2	Text	55	83	137	C	Include if applicable. Same Field Layout and Edits as RT61 fields 5-14. May only be present if previous Outpatient Procedures fields are present.	Group Element: Same as RT61 fields 5-14, FLs 42, 44, 45, 46, 47, 48, 49.	
16	Revenue Code - 3	Text	55	138	192	C	Include if applicable. Same Field Layout and Edits as RT61 fields 5-14. May only be present if previous Outpatient Procedures fields are present.	Group Element: Same as RT61 fields 5-14, FLs 42, 44, 45, 46, 47, 48, 49.	

RECORD TYPE 70 - MEDICAL DATA

- Required for every claim.

- Only one allowed per claim

- May be preceded by RT 60 or 61.

- Must be followed by RT 80.

NOTE: ICD-9-CM coding is required for all bill types. Do not report the decimal in the code
Format the actual code in one of three general ways.

- If you report 99999, it translates to 999.99.

- If you report V9999, it translates to V99.99.

- If you report E9999, it translates to E999.9.

- To determine the location of the decimal position and the potential number of decimal positions, it is necessary only to examine the high order (left most) position of the field.

Record Type '70': Medical Data								
Field	Field Name	Type	Lgth	From	To	R?	Edit Specifications	Field Definition	FL#
1	Record Type '70'	Text	2	1	2	R	Must be present. Must be 70.	Indicator for Record Type '70': Medical Data.	
2	Sequence	Num	2	3	4	R	Must be present. Must be 01.		

Record Type '70': Medical Data								
Field	Field Name	Type	Lgth	From	To	R?	Edit Specifications	Field Definition	FL#
3	Patient / Transaction Control Number (TCN)	Text	20	5	24	R	Must be present. Must match TCN on all Records for same Claim. Must be unique claim number for Provider (not to be re-used with the exception of a resubmission or cancellation of the same claim for the same patient).	The unique number assigned by the Provider to each patient's claim that distinguishes the patient and their claim from all other claims in that institution. Newborns must have their own TCN separate from that of their mother. Resubmission or cancellation of a claim must use the same TCN as the original claim.	FL03
4	Principal Diagnosis Code	Text	6	25	30	R	Must be present for Inpatient Claims. Include if applicable for Outpatient Claims. Must not be an E-code. Must be consistent with Patient Gender (RT20, F7). Must be a valid ICD-9-CM code.	The ICD-9-CM diagnosis code describing the principal diagnosis (i.e., the medical condition or the patient's condition chiefly responsible and/or correlating to fifty percent (50%) or more of a POC or POT.)	FL67
5	Associated Diagnosis Code - 1	Text	6	31	36	C	Include if applicable. May only be present if all previous diagnosis codes are present. E-codes, present in the Associated Diagnosis fields 1-8, shall only be permitted when a Principal E-Code is entered in RT 70, field 26. Must be consistent with Patient Gender (RT20, F7). Must be a valid ICD-9-CM code.	The ICD-9-CM diagnosis codes corresponding to additional conditions that co-exist at the time of admission, or develop subsequently, and which have an effect on the treatment received or the length of stay.	FL68

Record Type '70': Medical Data								
Field	Field Name	Type	Lgth	From	To	R?	Edit Specifications	Field Definition	FL#
6	Associated Diagnosis Code - 2	Text	6	37	42	C	Include if applicable. May only be present if all previous diagnosis codes are present. E-codes, present in the Associated Diagnosis fields 1-8, shall only be permitted when a Principal E-Code is entered in RT 70, field 26. Must be consistent with Patient Gender (RT20, F7). Must be a valid ICD-9-CM code.	The ICD-9-CM diagnosis codes corresponding to additional conditions that co-exist at the time of admission, or develop subsequently, and which have an effect on the treatment received or the length of stay.	FL68
7	Associated Diagnosis Code - 3	Text	6	43	48	C	Include if applicable. May only be present if all previous diagnosis codes are present. E-codes, present in the Associated Diagnosis fields 1-8, shall only be permitted when a Principal E-Code is entered in RT 70, field 26. Must be consistent with Patient Gender (RT20, F7). Must be a valid ICD-9-CM code.	The ICD-9-CM diagnosis codes corresponding to additional conditions that co-exist at the time of admission, or develop subsequently, and which have an effect on the treatment received or the length of stay.	FL68

Record Type '70': Medical Data								
Field	Field Name	Type	Lgth	From	To	R?	Edit Specifications	Field Definition	FL#
8	Associated Diagnosis Code - 4	Text	6	49	54	C	Include if applicable. May only be present if all previous diagnosis codes are present. E-codes, present in the Associated Diagnosis fields 1-8, shall only be permitted when a Principal E-Code is entered in RT 70, field 26. Must be consistent with Patient Gender (RT20, F7). Must be a valid ICD-9-CM code.	The ICD-9-CM diagnosis codes corresponding to additional conditions that co-exist at the time of admission, or develop subsequently, and which have an effect on the treatment received or the length of stay.	FL68
9	Associated Diagnosis Code - 5	Text	6	55	60	C	Include if applicable. May only be present if all previous diagnosis codes are present. E-codes, present in the Associated Diagnosis fields 1-8, shall only be permitted when a Principal E-Code is entered in RT 70, field 26. Must be consistent with Patient Gender (RT20, F7). Must be a valid ICD-9-CM code.	The ICD-9-CM diagnosis codes corresponding to additional conditions that co-exist at the time of admission, or develop subsequently, and which have an effect on the treatment received or the length of stay.	FL68

Record Type '70': Medical Data								
Field	Field Name	Type	Lgth	From	To	R?	Edit Specifications	Field Definition	FL#
10	Associated Diagnosis Code - 6	Text	6	61	66	C	Include if applicable. May only be present if all previous diagnosis codes are present. E-codes, present in the Associated Diagnosis fields 1-8, shall only be permitted when a Principal E-Code is entered in RT 70, field 26. Must be consistent with Patient Gender (RT20, F7). Must be a valid ICD-9-CM code.	The ICD-9-CM diagnosis codes corresponding to additional conditions that co-exist at the time of admission, or develop subsequently, and which have an effect on the treatment received or the length of stay.	FL68
11	Associated Diagnosis Code - 7	Text	6	67	72	C	Include if applicable. May only be present if all previous diagnosis codes are present. E-codes, present in the Associated Diagnosis fields 1-8, shall only be permitted when a Principal E-Code is entered in RT 70, field 26. Must be consistent with Patient Gender (RT20, F7). Must be a valid ICD-9-CM code.	The ICD-9-CM diagnosis codes corresponding to additional conditions that co-exist at the time of admission, or develop subsequently, and which have an effect on the treatment received or the length of stay.	FL68

Record Type '70': Medical Data								
Field	Field Name	Type	Lgth	From	To	R?	Edit Specifications	Field Definition	FL#
12	Associated Diagnosis Code – 8	Text	6	73	78	C	Include if applicable. May only be present if all previous diagnosis codes are present. E-codes, present in the Associated Diagnosis fields 1-8, shall only be permitted when a Principal E-Code is entered in RT 70, field 26. Must be consistent with Patient Gender (RT20, F7). Must be a valid ICD-9-CM code.	The ICD-9-CM diagnosis codes corresponding to additional conditions that co-exist at the time of admission, or develop subsequently, and which have an effect on the treatment received or the length of stay.	FL68
13	Principal Procedure Code	Text	7	79	85	C	Include if applicable. Must be consistent with Patient Gender (RT20, F7). Must be a valid CPT-4 (HCFA Common Procedure Coding Systems), HCPCS, or ICD-9-CM code (as indicated in RT70 field 27).	The code that identifies the principal procedure performed during the period covered by this bill.	FL80
14	Principal Procedure Date	Text	8	86	93	C	Must be present if Procedure Code is present in previous field. Must be Date format (CCYYMMDD). **Date must not be earlier than 3 days prior to Statement Covers From Date (RT20 field 19). Date must not be later than Statement covers Thru Date (RT20 field 20).**	The date on which the principal procedure described on the bill was performed.	FL80

	Record Type '70': Medical Data							
Field	Field Name	Type	Lgth	From	To	R?	Edit Specifications	Field Definition	FL#
15	Other Procedure Code –1	Text	7	94	100	C	Include if applicable. May only be present if all previous Procedure Codes are present. Must be consistent with Patient Gender (RT20, F7). Must be a valid CPT-4 (HCFA Common Procedure Coding Systems), HCPCS, or ICD-9-CM code (as indicated in RT70 field 27).	The code identifying the procedure, other than the principal procedure, performed during the billing period covered by this bill.	FL81
16	Other Procedure Date - 1	Text	8	101	108	C	Must be present if Procedure Code is present in previous field. Must be Date format (CCYYMMDD). **Date must not be earlier than 3 days prior to Statement Covers From Date (RT20 field 19). Date must not be later than Statement covers Thru Date (RT20 field 20).**	Date that the procedure indicated by the related code (preceding field) was performed.	FL81
17	Other Procedure Code - 2	Text	7	109	115	C	Include if applicable. May only be present if all previous Procedure Codes are present. Must be consistent with Patient Gender (RT20, F7). Must be a valid CPT-4 (HCFA Common Procedure Coding Systems), HCPCS, or ICD-9-CM code (as indicated in RT70 field 27).	The code identifying the procedure, other than the principal procedure, performed during the billing period covered by this bill.	FL81

Record Type '70': Medical Data								

Field	Field Name	Type	Lgth	From	To	R?	Edit Specifications	Field Definition	FL#
18	Other Procedure Date - 2	Text	8	116	123	C	Must be present if Procedure Code is present in previous field. Must be Date format (CCYYMMDD). **Date must not be earlier than 3 days prior to Statement Covers From Date (RT20 field 19). Date must not be later than Statement covers Thru Date (RT20 field 20).**	Date that the procedure indicated by the related code (preceding field) was performed.	FL81
19	Other Procedure Code - 3	Text	7	124	130	C	Include if applicable. May only be present if all previous Procedure Codes are present. Must be consistent with Patient Gender (RT20, F7). Must be a valid CPT-4 (HCFA Common Procedure Coding Systems), HCPCS, or ICD-9-CM code (as indicated in RT70 field 27).	The code identifying the procedure, other than the principal procedure, performed during the billing period covered by this bill.	FL81
20	Other Procedure Date - 3	Text	8	131	138	C	Must be present if Procedure Code is present in previous field. Must be Date format (CCYYMMDD). **Date must not be earlier than 3 days prior to Statement Covers From Date (RT20 field 19). Date must not be later than Statement covers Thru Date (RT20 field 20).**	Date that the procedure indicated by the related code (preceding field) was performed.	FL81

Field	Field Name	Type	Lgth	From	To	R?	Edit Specifications	Field Definition	FL#
							Record Type '70': Medical Data		
21	Other Procedure Code - 4	Text	7	139	145	C	Include if applicable. May only be present if all previous Procedure Codes are present. Must be consistent with Patient Gender (RT20, F7). Must be a valid CPT-4 (HCFA Common Procedure Coding Systems), HCPCS, or ICD-9-CM code (as indicated in RT70 field 27).	The code identifying the procedure, other than the principal procedure, performed during the billing period covered by this bill.	FL81
22	Other Procedure Date - 4	Text	8	146	153	C	Must be present if Procedure Code is present in previous field. Must be Date format (CCYYMMDD). **Date must not be earlier than 3 days prior to Statement Covers From Date (RT20 field 19). Date must not be later than Statement covers Thru Date (RT20 field 20).**	Date that the procedure indicated by the related code (preceding field) was performed.	FL81
23	Other Procedure Code - 5	Text	7	154	160	C	Include if applicable. May only be present if all previous Procedure Codes are present. Must be consistent with Patient Gender (RT20, F7). Must be a valid CPT-4 (HCFA Common Procedure Coding Systems), HCPCS, or ICD-9-CM code (as indicated in RT70 field 27).	The code identifying the procedure, other than the principal procedure, performed during the billing period covered by this bill.	FL81

Record Type '70': Medical Data								
Field	Field Name	Type	Lgth	From	To	R?	Edit Specifications	Field Definition	FL#
24	Other Procedure Date - 5	Text	8	161	168	C	Must be present if Procedure Code is present in previous field. Must be Date format (CCYYMMDD). **Date must not be earlier than 3 days prior to Statement Covers From Date (RT20 field 19). Date must not be later than Statement covers Thru Date (RT20 field 20).**	Date that the procedure indicated by the related code (preceding field) was performed.	FL81
25	Admitting Diagnosis Code	Text	6	169	174	C	Must be present on Inpatient claims. Must be consistent with Patient Gender (RT20, F7). Must be a valid ICD-9-CM code.	The ICD-9-CM diagnosis code provided at the time of admission as stated by the physician.	FL76
26	External Cause of Injury (E-Code)	Text	6	175	180	C	Principal External Cause of Injury Code: Must be present if Principal Diagnosis is ICD-9-CM codes 800-904.9 or 910-995.89 May be present if Principal Diagnosis is ICD-9-CM codes 996-999.9 If present, must be a valid ICD-9-CM E-code (E800-E999) excluding E849.0 - E849.9.	The ICD-9-CM code which describes the principal external cause of the injury, poisoning or adverse effect. Associated E-codes, present in the Associated Diagnosis field, shall only be permitted when a Principal E-Code is entered. Principal E-code shall be recorded in designated field and not be present in Diagnosis Codes 1-9.	FL77

	Record Type '70': Medical Data							
Field	Field Name	Type	Lgth	From	To	R?	Edit Specifications	Field Definition	FL#
27	Procedure Coding Method Used	Text	1	181	181	C	Must be present if procedure code is present in RT 70 field 13. Must be valid entry as specified in Code Lists. (Section X.c)	An indicator that identifies the coding method used for procedure coding on the claim. Only one Procedure Coding method is allowed per claim.	FL79
28	Site ID	Text	11	182	192	N	**Must be a valid entry as determined by the DHCFP.**	**A DHCFP assigned number used to distinguish multiple sites under one facility.**	

RECORD TYPE 80 - PHYSICIAN DATA

- Required for every Claim.

- Only one allowed per Claim.

- Must be preceded by RT 70.

- Must be followed by RT 90.

Record Type '80': Physician Data								
Field	Field Name	Type	Lgth	From	To	R?	Edit Specifications	Field Definition	FL#
1	Record Type '80'	Text	2	1	2	R	Must be present. Must be 80.	Indicator for Record Type '80': Physician Data.	
2	Sequence	Num	2	3	4	R	Must be present. Must be 01.		
3	Patient / Transaction Control Number (TCN)	Text	20	5	24	R	Must be present. Must match TCN on all Records for same Claim. Must be unique claim number for Provider (not to be re-used with the exception of a resubmission or cancellation of the same claim for the same patient).	The unique number assigned by the Provider to each patient's claim that distinguishes the patient and their claim from all other claims in that institution. Newborns must have their own TCN separate from that of their mother. Resubmission or cancellation of a claim must use the same TCN as the original claim.	FL03
4	Physician Number Qualifying Codes	Text	2	25	26	N			

Record Type '80': Physician Data								
Field	Field Name	Type	Lgth	From	To	R?	Edit Specifications	Field Definition	FL#
5	Attending Physician Number	Text	16	27	42	C	Must be present. For Inpatient claims, and for Outpatient claims that include CPT Level I Codes specified in Code Lists section of this document (Section XI.b), must be valid State License Number (Board of Registration in Medicine Number). For Outpatient Claims that do not include the listed CPT Level I codes (refer to Section XI.b), include the attending physician number if available; if it is unknown, use UCPOOLPU.	The State License Number (Board of Registration in Medicine Number) assigned to identify the Attending Physician, defined as the licensed physician who would normally be expected to certify and re-certify the medical necessity of the services rendered and/or who has primary responsibility for the patient's medical care and treatment. For Outpatient Claims that do not include the listed CPT Level I codes (Section XI.b), if the attending physician number is unknown, use UCPOOLPU.	FL82
6	Operating Physician Number	Text	16	43	58	C	Include if applicable. Must be valid State License Number (Board of Registration in Medicine Number).	The State License Number (Board of Registration in Medicine Number) assigned to identify the Operating Physician in provider records.	FL83
7	Other Caregiver Number	Text	16	59	74	C	Include if applicable. Must be valid State License Number (Board of Registration in Medicine Number), or valid entry as specified in Code Lists section of this document. (Section XI.a)	The State License Number (Board of Registration in Medicine Number) assigned to identify the licensed physician other than the attending physician. If unavailable, enter type of Caregiver as listed in Code Lists section of this document (Section XI.a)	FL83

Record Type '80': Physician Data								
Field	Field Name	Type	Lgth	From	To	R?	Edit Specifications	Field Definition	FL#
8	Other Caregiver Number	Text	16	75	90	C	Include if applicable. Must be valid State License Number (Board of Registration in Medicine Number), or valid entry as specified in Code Lists section of this document. (Section XI.a)	The State License Number (Board of Registration in Medicine Number) assigned to identify the licensed physician other than the attending physician. If unavailable, enter type of Caregiver as listed in Code Lists section of this document (Section XI.a)	FL83
9	Attending Physician Name*	Text	25	91	115	N			FL82
10	Operating Physician Name*	Text	25	116	140	N			
11	Other Physician Name*	Text	25	141	165	N			FL83
12	Other Physician Name*	Text	25	166	190	N			FL83
13	Filler (National Use)	Text	2	191	192	N			

RECORD TYPE 90 - CLAIM CONTROL SCREEN

- Required for every claim.

- One per claim.

- Must be preceded by RT 80.

- Must be followed by RT 20 or 95.

Record Type '90': Claim Control Screen								
Field	Field Name	Type	Lgth	From	To	R?	Edit Specifications	Field Definition	FL#
1	Record Type '90'	Text	2	1	2	R	Must be present. Must be 90.	Indicator for Record Type '90': Claim Control Screen.	
2	Filler (National Use)	Text	2	3	4	N			
3	Patient / Transaction Control Number (TCN)	Text	20	5	24	R	Must be present. Must match TCN on all Records for same Claim. Must be unique claim number for Provider (not to be re-used with the exception of a resubmission or cancellation of the same claim for the same patient).	The unique number assigned by the Provider to each patient's claim that distinguishes the patient and their claim from all other claims in that institution. Newborns must have their own TCN separate from that of their mother. Resubmission or cancellation of a claim must use the same TCN as the original claim.	
4	Physical Record Count (Excluding RT 90)	Num	3	25	27	R	Must be present. Must be Numeric format. Must be the correct number as defined.	The total number of physical records submitted for this Claim, including Record Types 20 through 80, and excluding Record Type 90.	
5	Record Type 20-21 Count	Num	2	28	29	R	Must be present. Must be either 01, 02, or 03. Must be the correct number as defined.	A count of Record Types 20 through 21, submitted for this Claim.	

Record Type '90': Claim Control Screen								
Field	Field Name	Type	Lgth	From	To	R?	Edit Specifications	Field Definition	FL#
6	Record Type 30 Count	Num	2	30	31	R	Must be present. Must be either 01, 02, 03 or 04. Must be the correct number as defined.	A count of Record Types 30 submitted for this Claim.	
7	Record Type 40 Count	Num	2	32	33	R	Must be present. Must be 01. Must be the correct number as defined.	A count of Record Types 40 submitted for this Claim.	
8	Record Type 50 Count	Num	3	34	36	R	Must be present. Must be Numeric format. Must be the correct number as defined.	A count of Record Types 50 submitted for this Claim.	
9	Record Type 60-61 Count	Num	3	37	39	R	Must be present. Must be Numeric format. Must be the correct number as defined.	A count of Record Types 60 to 61 submitted for this Claim.	
10	Record Type 70 Count	Num	2	40	41	R	Must be present. Must be Numeric format. Must be the correct number as defined.	A count of Record Types 70 submitted for this Claim.	
11	Record Type 80 Count	Num	2	42	43	R	Must be present. Must be 01. Must be the correct number as defined.	A count of Record Types 80 submitted for this Claim.	
12	Record Type 91 Qualifier	Text	1	44	44	N			

Record Type '90': Claim Control Screen								
Field	**Field Name**	**Type**	**Lgth**	**From**	**To**	**R?**	**Edit Specifications**	**Field Definition**	**FL#**
13	Total Accommodation Charges – Revenue Centers	Curr	10	45	54	R	Must be present. Must be unformatted currency format. Include cents. Do not include decimal. Must be the correct number as defined.	Total accommodation charges for this Claim. The sum of the accommodation charges for this Claim, as reflected in Inpatient Accommodations (Record Types 50, field 8, and subsequent accommodation elements in fields 11, 13, and 15).	
14	Noncovered Accommodation Charges -Revenue Centers	Curr	10	55	64	N			
15	Total Ancillary Charges - Revenue Centers	Curr	10	65	74	R	Must be present. Must be unformatted currency format. Include cents. Do not include decimal. Must be the correct number as defined. **Must not be zero.**	Total ancillary charges for this Claim. Sum of Ancillary Charges for this Claim as reflected in Inpatient Ancillaries (Record Types 60, field 10, and subsequent ancillary elements in fields 15 through 16), and in Outpatient Procedures (Record Types 61, field 11, and subsequent outpatient procedures elements in fields 15 through 16).	
16	Noncovered Ancillary Charges –Revenue Centers	Curr	10	75	84	N			
17	UC Write Off Date	Text	6	85	90	R	Must be present. Must be Year and Month Date format (CCYYMM). **Must not be earlier than 200011.** **Must not be greater than one month after the date received**.	The month and year in which the charges on the claim are written off to the Uncompensated Care Pool.	

Record Type '90': Claim Control Screen								
Field	Field Name	Type	Lgth	From	To	R?	Edit Specifications	Field Definition	FL#
18	Filler	Curr	102	91	192	R			

RECORD TYPE 95 – PROVIDER BATCH CONTROL

- Required for every Batch.

- Only one 95 record and Batch per File.

- Must be preceded by RT 90.

- Must be followed by RT 99.

Record Type '95': Provider Batch Control								
Field	Field Name	Type	Lgth	From	To	R?	Edit Specifications	Field Definition	FL#
1	Record Type '95'	Text	2	1	2	R	Must be present. Must be 95.	Indicator for Record Type '95': Provider Batch Control.	
2	Federal Tax Number (EIN) for Provider	Text	10	3	12	R	Must be present. Characters must be numeric. Must be equal to the EIN on Record Type 10, field 4.	The number assigned to the provider by the Federal government for tax reports purposes. Also known as a tax identification number (TIN) or employer identification number (EIN).	FL05
3	Receiver Identification	Text	5	13	17	N			
4	Receiver Sub-Identification	Text	4	18	21	N			
5	Type of Batch	Text	3	22	24	N			FL04
6	Number of Claims	Num	6	25	30	R	Must be present. Must be Numeric format. Must be the correct number as defined.	A count of the number of Record Type 20 entries for this provider batch.	
7	Filler	Num	6	31	36	N			

Record Type '95': Provider Batch Control								
Field	Field Name	Type	Lgth	From	To	R?	Edit Specifications	Field Definition	FL#
8	Accommodations Total Charges for the Batch	Curr	12	37	48	R	Must be present. Must be unformatted currency format. Include cents. Do not include decimal. Must be the correct number as defined.	Sum of charges recorded in Accommodation Total Charges field in all Claim Control records (RT 90, field 13), included in Batch.	
9	Accommodations Noncovered Charges for the Batch	Curr	12	49	60	N			
10	Ancillary Total Charges for the Batch	Curr	12	61	72	R	Must be present. Must be unformatted currency format. Include cents. Do not include decimal. Must be the correct number as defined. Must exceed one dollar.	Sum of charges recorded in Total Ancillary Charges field in all Claim Control records (RT90, field 15), included in Batch.	
11	Ancillary Noncovered Charges for the Batch	Curr	12	73	84	N			
12	Total Charges for Batch	Curr	12	85	96	R	Must be present. Must be unformatted currency format. Include cents. Do not include decimal. Must be correct number as defined. Must exceed one dollar.	Sum of charges entered in RT 95, fields 8 (Accommodations Total Charges for the Batch) and 10 (Ancillary Charges for the Batch).	
13	Total Noncovered Charges for the Batch (COB only)	Curr	12	97	108	N			
14	Filler	Text	84	109	192	N			

RECORD TYPE 99 – FILE CONTROL

- Required for every file.

- One per file.

- Must be preceded by RT 95.

- Must be last record in file.

Record Type '99': File Control								
Field	Field Name	Type	Lgth	From	To	R?	Edit Specifications	Field Definition	FL#
1.0	Record Type '99'	Text	2	1	2	R	Must be present. Must be 99.	Indicator for Record Type '99': File Control.	
2.0	Submitter EIN	Text	10	3	12	R	Must be present. Characters must be numeric. Must be equal to Submitter EIN on Record Type 01, field 2.	Federally assigned Employer Identification Number (EIN) of file submitter (either Provider or Submittal Service). EIN is also referred to as the Tax Identification Number (TIN).	FL05
3.0	Receiver Identification	Text	5	13	17	N			
4.0	Receiver Sub-Identification	Text	4	18	21	N			
5.0	Number of Batches Billed this File	Num	4	22	25	R	Must be present. Must be 01.	Number of Batches Billed this File. Only one batch allowed per file.	
6.0	Accommodations Total Charges for the File	Curr	13	26	38	R	Must be present. Must be unformatted currency format. Include cents. Do not include decimal. Must be equal to RT 95, field 8.	Accommodations Total Charges for the File.	

	Record Type '99': File Control							
Field	**Field Name**	**Type**	**Lgth**	**From**	**To**	**R?**	**Edit Specifications**	**Field Definition**	**FL#**
7.0	Accommodations Noncovered Charges for the File	Curr	13	39	51	N			
8.0	Ancillary Total Charges for the File	Curr	13	52	64	R	Must be present. Must be unformatted currency format. Include cents. Do not include decimal. Must be equal to Record Type 95, field 10.	Ancillary Total Charges for the File.	
9.0	Ancillary Noncovered Charges for the File	Curr	13	65	77	N			0
10.0	Total Charges for the File	Curr	13	78	90	R	Must be present. Must be equal to Record Type 95, field 12. Must be unformatted currency format. Include cents. Do not include decimal.	Total Charges for the File.	
11.0	Total Noncovered Charges for the File	Curr	13	91	103	N			
12.0	Number of Claims for the File	Num	8	104	111	R	Must be present. Must be Numeric format. Must be equal to Record Type 95, field 6.	Number of Claims for the File.	
13.0	Number of Records for the File	Num	8	112	119	R	Must be present. Must be Numeric format. Must be correct number as defined.	Total number of Records for the File.	
14.0	Filler		73	120	192	N			

Glossary

Terms

Term	Definition
Batch	A collection of Records beginning with a Record Type 10 and ending with a Record Type 95. Only one Batch allowed per File.
Bill	Claim.
Claim	A collection of Records beginning with a Record Type 20 and ending with a Record Type 90. Must be either an Inpatient or an Outpatient Claim. Claims must be complete, a re-submission of a complete claim, a late charge claim, or a cancellation of a previous claim. See Type of Bill in the Codes section for more information. A claim may also be referred to as a 'bill'.
DHCFP	Division of Health Care Finance and Policy.
File	A collection of Records beginning with a Record Type 01 and ending with a Record Type 99.
Inpatient Claim	A claim which contains a Record Type 50 for Inpatient Accommodations and a Record Type 60 for Inpatient Ancillary Services. May not contain a Record Type 61 (Outpatient Procedures).
IP	Inpatient
Outpatient Claim	A claim which contains a Record Type 61 for Outpatient Procedures. May not contain a Record Type 50 for Inpatient Accommodations or Record Type 60 for Inpatient Ancillary Services.
Provider	A Hospital, Community Health Center, or Hospital-based Community Health Center.
Record	One 192 character row.
Record Type	Type of Record, as indicated in the first field of the record. See Record Type Specifications sections for more information.
Third Party Payer	Any payer organization from which the provider might expect some payment for the bill, including the Uncompensated Care Pool. (Not including the patient or the patient's family.)

Term	Definition
UCP	Uncompensated Care Pool

Code Lists

I)   Record type '01' : Processor Data

I.a)   Test/Production Indicator

I.a) Record type '01' : Processor Data: Test/Production Indicator				
RT	**Field**	**R?**	**Field Name**	**FL**
1	18.0	R	Test/Production Indicator	
Valid Entries			**Definition**	
PROD			Production	
TEST			Test	

II)   Record type '10': Provider Data

II.a)   Department of Public Health Number for Provider

II.a) Record type '10': Provider Data: Department of Public Health Number for Provider				
RT	**Field**	**R?**	**Field Name**	**FL#**
10	6.0	R	Department of Public Health Number for Provider	FL51
Valid Entries				
REFER TO SECTION (II.b). Some DPH numbers are not available on the list in this document.				

II.b)   Uncompensated Care Pool Organization ID for Provider

II.b) Record type '10': Provider Data: Uncompensated Care Pool Organization ID for Provider				
RT	**Field**	**R?**	**Field Name**	**FL#**
10	7.0	R	Uncompensated Care Pool Organization ID for Provider	FL51
Organization ID	**Provider Name**			**DPH # if available**
1	Anna Jaques Hospital			2006
2	Athol Hospital			2226
4	Baystate Medical Center			2339
5	Baystate Medical Center/Franklin			2120
6	Baystate Medical Center/Mary Lane			2148
7	Berkshire Health Systems/Berkshire Campus			2313
8	Berkshire Health Systems/Fairview Campus			2052
9	Berkshire Health Systems/Hillcrest Campus			2231
10	Beth Israel Deaconess – East Campus			2069
140	Beth Israel Deaconess – West Campus			2092
11	Beth Israel Deaconess/Bowden Street CHC			

II.b) Record type '10': Provider Data: Uncompensated Care Pool Organization ID for Provider				
RT	**Field**	**R?**	**Field Name**	**FL#**
10	7.0	R	Uncompensated Care Pool Organization ID for Provider	FL51
Organization ID		**Provider Name**		**DPH # if available**
12		Beth Israel Deaconess/Lexington CHC		
13		Beth Israel Deaconess/Little House CHC		
14		Beth Israel Deaconess/Medical Care Center CHC		
15		Boston Health Care for the Homeless		
16		Boston Medical Center – BCH		2307
144		Boston Medical Center – East Newton Campus		2084
17		Boston Medical Center/ Codman Square Health Center		
18		Boston Medical Center/ Dorchester House		
19		Boston Medical Center/ East Boston NHC		
20		Boston Medical Center/ Greater Roslindale		
21		Boston Medical Center/ South Boston CHC		
22		Brigham and Women's		2921
23		Brigham and Women's/Brookside CHC		
24		Brigham and Women's/Southern Jamaica CHC		
25		Brockton Hospital		2118
26		Brockton Neighborhood Health Center		
28		Cambridge Hospital/ East Cambridge Health Center		
29		Cambridge Hospital/ North Cambridge Health Center		
30		Cambridge Hospital/Riverside Health Center		
31		Cambridge Hospital/Senior Health Center		
32		Cambridge Hospital/Somerville East Somerville HC		
33		Cambridge Hospital/Somerville Pediatric		

II.b) Record type '10': Provider Data: Uncompensated Care Pool Organization ID for Provider				
RT	Field	R?	Field Name	FL#
10	7.0	R	Uncompensated Care Pool Organization ID for Provider	FL51
Organization ID		**Provider Name**		**DPH # if available**
	34	Cambridge Hospital/Somerville-Family Hlth Serv.		
	35	Cambridge Hospital/Somerville-Mystic Health Center		
	36	Cambridge Hospital/Somerville-The Teen Connection		
	37	Cambridge Hospital/Teen Health Center		
	38	Cambridge Hospital/Winsor St. Health Center		
	27	Cambridge Public Health Commission – Cambridge		2108
	143	Cambridge Public Health Commission – Somerville		2001
	39	Cape Cod Hospital		2135
	40	Cape Cod Hospital/Falmouth		2289
	41	Caritas Norwood Hospital		2114
	42	Carney Hospital		2003
	43	Carney Hospital/ Carney CHC at Jones Hill		
	44	Carney Hospital/ River St. Health Center		
	45	Center for Health and Human Services/Family Health		
	46	Children's Hospital		2139
	47	Children's Hospital/ Martha Eliot Health Center		
	48	Children's Hospital/ S. Jamaica Plain HC		
	49	Columbia Metro-West Medical Center		2020
	50	Cooley Dickinson Hospital		2155
	51	Dana Farber Cancer Center		2335
	52	Deaconess Nashoba Hospital		2298
	53	Deaconess-Glover		2054

II.b) Record type '10': Provider Data: Uncompensated Care Pool Organization ID for Provider				
RT	**Field**	**R?**	**Field Name**	**FL#**
10	7.0	R	Uncompensated Care Pool Organization ID for Provider	FL51
Organization ID		**Provider Name**		**DPH # if available**
	54	Deaconess-Waltham Hospital		2067
	55	Dimock Community Health Center		
	57	Emerson Hospital		2018
	58	Family Health Care Center		
	59	Faulkner Hospital		2048
	60	Fenway CHC		
	61	Geiger Gibson Community Health Center		
	62	Good Samaritan Medical Center		2101
	63	Great Brook Valley Health Care, Inc.		
	64	Greater Lawrence Family Health Center, Inc.		
	65	Greater New Bedford Community Health Center		
	66	Hallmark Health Systems/Lawrence Memorial		2038
	67	Hallmark Health Systems/Malden		2041
	141	Hallmark Health Systems/Melrose		2058
	142	Hallmark Health Systems/Whidden		2046
	68	Harrington Memorial Hospital		2143
	69	Harvard St. Neighborhood Health Center, Inc.		
	70	Haverhill Municipal (Hale) Hospital		2131
	71	Health Alliance		2034
	72	HealthFirst Family Care Center, Inc.		
	73	Heywood Hospital		2036
	74	Hilltown Health Centers		

II.b) Record type '10': Provider Data: Uncompensated Care Pool Organization ID for Provider				
RT	Field	R?	Field Name	FL#
10	7.0	R	Uncompensated Care Pool Organization ID for Provider	FL51
Organization ID		Provider Name		DPH # if available
75		Holy Family Hospital		2225
76		Holyoke Health Center		
77		Holyoke Hospital		2145
78		Hubbard Regional Hospital		2157
79		Jordan Hospital		2082
80		Joseph M. Smith Community Health Center		
82		Lahey Clinic/Lahey at Arlington/Symes Med Ctr		2089
81		Lahey/Hitchcock Clinic		2033
83		Lawrence General Hospital		2099
84		Lowell Community Health Center		
85		Lowell General Hospital/ Info. Systems		2040
86		Lynn Community Health Center, Inc.		
87		Manet Community Health Center, Inc.		
88		Martha's Vineyard Hospital		2042
89		Mass. Eye & Ear Infirmary		2167
90		Mattapan Community Health Center		
92		MGH/Boston Evening Medical Center		
93		MGH/Charlestown Community Health Center		
94		MGH/Chelsea Community Health Center		
95		MGH/Everett CHC		
91		MGH/Mass General Hospital		2168
96		MGH/Revere Community Health Center		

II.b) Record type '10': Provider Data: Uncompensated Care Pool Organization ID for Provider				
RT	Field	R?	Field Name	FL#
10	7.0	R	Uncompensated Care Pool Organization ID for Provider	FL51
Organization ID		Provider Name		DPH # if available
	97	Milford-Whitinsville Regional Hospital		2105
	98	Milton Hospital		2227
	99	Morton Hospital		2022
	100	Mount Auburn Hospital		2071
	101	Nantucket Cottage Hospital		2044
	102	Neponset Health Center		
	103	New England Baptist Hospital		2059
	104	New England Medical Center		2299
	105	Newton-Wellesley Hospital		2075
	106	Noble Hospital		2076
	107	North Adams Regional Hospital		2061
	108	North End Community Health Center		
	109	Northeast Hospital Corporation/Addison Gilbert Hospital		2016
	110	Northeast Hospital Corporation/Beverly Hospital		2007
	111	Outer Cape Health Services, Inc.		
	112	Quincy Hospital		2151
	113	Roxbury Comprehensive Comm. Health Cntr. (RoxComp)		
	114	Saint Anne's Hospital		2011
	115	Saints Memorial Medical Center		2063
	116	Salem Hospital		2014
	117	Sidney Borum Health Center		
	118	Sisters of Providence Health System		2149

II.b) Record type '10': Provider Data: Uncompensated Care Pool Organization ID for Provider				
RT	Field	R?	Field Name	FL#
10	7.0	R	Uncompensated Care Pool Organization ID for Provider	FL51
Organization ID	Provider Name			DPH # if available
119	Sisters of Providence Health System/Mercy Hosp			2150
120	South Cove Community Health Center			
121	South End Community Health Center			
122	South Shore Hospital			2107
123	Southcoast Hospitals Group/Charlton Memorial			2337
124	Southcoast Hospitals Group/St. Lukes			2010
145	Southcoast Hospitals Group/Tobey Hospital			2106
125	Springfield South West CHC			
126	St. Elizabeth's Hospital			2085
127	St. Vincent's Hospital			2128
128	Stanley Street Treatment & Resource			
129	Sturdy Memorial Hospital			2100
130	Umass. Memorial Health Care – Memorial Hospital			2124
131	Umass. Memorial Health Care – University Campus			2841
132	Umass. Memorial Health Care/Clinton			2126
133	Umass. Memorial Health Care/Marlborough			2103
3	Union Hospital			2073
134	Upham's Corner Health Care			
135	Vencor Hospital Boston North Shore			2171
136	Vencor Hospital Boston North Shore/Brighton Hospital			2091
137	Whittier Street Health Center			
138	Winchester Hospital			2094

II.b) Record type '10': Provider Data: Uncompensated Care Pool Organization ID for Provider				
RT	Field	R?	Field Name	FL#
10	7.0	R	Uncompensated Care Pool Organization ID for Provider	FL51
Organization ID		Provider Name		DPH # if available
139		Wing Memorial Hospital		2181

III) Record type '20', Patient Data

III.a) Patient Marital Status

III.a) Record type '20', Patient Data: Patient Marital Status				
RT	**Field**	**R?**	**Field Name**	**FL**
20	9.0	C	Patient Marital Status	FL16
Valid Entries			**Definition**	
S			Single	
M			Married	
X			Legally Separated	
D			Divorced	
W			Widowed	
U			Unknown	

III.b) Patient Sex

III.b) Record type '20', Patient Data: Patient Sex				
RT	**Field**	**R?**	**Field Name**	**FL#**
20	7.0	R	Patient Sex	FL15
Valid Entries			**Definition**	
M			Male	
F			Female	
U			Unknown	

III.c) Patient Status

III.c) Record type ‘20’, Patient Data: Patient Status				
RT	**Field**	**R?**	**Field Name**	**FL#**
20	21.0	R	Patient Status	FL22

PASTA CODE	Patient Status Definition
1	Discharged/transferred to home or self care (routine discharge)
2	Discharged/transferred to another short-term general hospital
3	Discharged, transferred to Skilled Nursing Facility (SNF)
4	Discharged/transferred to an Intermediate Care Facility (ICF)
5	Discharged/transferred to another type of institution for inpatient care or referred for outpatient services to another institution
6	Discharged/transferred to home under care of organized home health service organization
7	Left against medical advice
8	Discharged/transferred to home under care of a Home IV Drug Therapy Provider
9	Admitted as an Inpatient to this hospital (USE FOR OUTPATIENT CLAIMS ONLY).
10	Discharged/transferred to chronic hospital
11	Discharged/transferred to mental health hospital
12	Discharge Other
13	Discharge/transfer to rehab hospital
14	Discharge/transfer to rest home
15	Discharge to Shelter
20	Expired (or did not recover – Christian Science Patient)
31	Still an Inpatient
50	Discharged to Hospice – Home
51	Discharged to Hospice Medical Facility

III.d) Source of Admission

RT	Field	R?	Field Name		FL#

Table III.d) Record type '20', Patient Data: Source of Admission

RT	Field	R?	Field Name		FL#
20	11.0	C	Source of Admission		FL20

CODE	Definition	CODE	For Newborn
0	Information Not Available	Z	Information not Available – Newborn
1	Direct Physician Referral	A	Normal Delivery
2	Within Hospital Clinic Referral	B	Premature Delivery
3	Direct Health Plan Referral/HMO Referral	C	Sick Baby
4	Transfer from an Acute Hospital	D	Extramural Birth
5	Transfer from a Skilled Nursing Facility		
6	Transfer from Intermediate Care Facility		
7	Outside Hospital Emergency Room Transfer		
8	Court/Law Enforcement		
9	Other (to include level 4 Nursing Facility)		
L	Outside Hospital Clinic Referral		
M	Walk-In/Self Referral		
R	Within Hospital Emergency Room Transfer		
T	Transfer from Another Institution's Ambulatory Surgery		
X	Observation		
Y	Within Hospital Ambulatory Surgery Transfer		

III.e) Type of Admission

III.e) Record type '20', Patient Data: Type of Admission				
RT	**Field**	**R?**	**Field Name**	**FL#**
20	10.0	C	Type of Admission	FL19
Valid Entries	**Definition**			
1	Emergency: The patient required immediate medical intervention as a result of severe, life threatening or potentially disabling conditions. Generally, the patient was admitted through the emergency room.			
2	Urgent: The patient required immediate attention for the care and treatment of a physical or mental disorder. Generally, the patient was admitted to the first available, suitable accommodation			
3	Elective: The patient's condition permitted adequate time to schedule the availability of a suitable accommodation			
4	Newborn			
5	Information Not Available: You do not have this information in your records			

IV) Record Type '21': Employment Information

IV.a) Employer Qualifier (Patient's Relationship to Insured)

IV.a) Record Type '21': Employment Information: Employer Qualifier (Patient's Relationship to Insured)				
RT	Field	R?	Field Name	FL#
21	9.2 16.2	N	Employer Qualifier (Patient's Relationship to Insured)	FL59

Valid Entries	Title	Definition
01	Patient is Insured	Self-explanatory
02	Spouse	Self-explanatory
03	Natural Child/Insured has Financial Responsibility	Self-explanatory
04	Natural Child/Insured does not have Financial Responsibility	Self-explanatory
05	Step Child	Self-explanatory
06	Foster Child	Self-explanatory
08	Employee	Patient is employed by the insured.
09	Unknown	Patient's relationship to the insured is unknown.
11	Organ Donor	Code is used in cases where a bill is submitted for care given to an organ donor where it is paid by the receiving patient's insurance coverage.
12	Cadaver	Donor Code is used where a bill is submitted for procedures performed on a cadaver donor where they are paid by the receiving patient's insurance coverage.
15	Injured Plaintiff	Patient is claiming insurance as a result of injury covered by insured.

IV.b)   Employment Status Code

RT	Field	R?	Field Name	FL#

RT	Field	R?	Field Name	FL#
21	9.1	C	Employment Status Code	FL64
	16.1			

Valid Entries	Definition
1	Employed full time
2	Employed part time
3	Not employed
4	Self employed
5	Retired
6	On active military duty
9	Unknown

Table title: **IV.b) Record Type '21': Employment Information: Employment Status Code**

V) Record type '30', Third Party Payer Data

V.a)   DHCFP Payer Identification

V.a) Record type '30', Third Party Payer Data: DHCFP Payer Identification				
RT	**Field**	**R?**	**Field Name**	**FL #**
30	5.0	R	DHCFP Payer Identification	FL50
ID			**Payer Name**	
137			AARP/Medigap supplement **	
71			ADMAR	
51			Aetna Life Insurance	
161			Aetna Managed Choice POS	
22			Aetna Open Choice PPO	
138			Banker's Life and Casualty Insurance **	
139			Bankers Multiple Line **	
2			Bay State – a product of HMO Blue	
136			BCBS Medex **	
154			BCBS Other (Not listed elsewhere) ***	
11			Blue Care Elect	
46			Blue ChiP (BCBS Rhode Island)	
160			Blue Choice (includes Healthflex Blue) – POS	
142			Blue Cross Indemnity	
155			Blue Cross Managed Care Other (Not listed elsewhere)***	
50			Blue Health Plan for Kids	
52			Boston Mutual Insurance	

V.a) Record type '30', Third Party Payer Data: DHCFP Payer Identification				
RT	**Field**	**R?**	**Field Name**	**FL #**
30	5.0	R	DHCFP Payer Identification	FL50
ID			**Payer Name**	
151			CHAMPUS	
204			Christian Brothers Employee	
30			CIGNA (Indemnity)	
250			CIGNA HMO	
171			CIGNA POS	
87			CIGNA PPO	
140			Combined Insurance Company of America **	
21			Commonwealth PPO	
44			Community Health Plan	
13			Community Health Plan Options (New York)	
42			ConnectiCare Of Massachusetts	
54			Continental Assurance Insurance	
69			Corporate Health Insurance Liberty Plan	
4			Fallon Community Health Plan (includes Fallon Plus, Fallon Affliates, Fallon Umass)	
167			Fallon POS	
67			First Allmerica Financial Life Insurance	
181			First Allmerica Financial Life Insurance EPO	
27			First Allmerica Financial Life Insurance PPO	
152			Foundation	
143			Free Care Services	
990			Free Care – Co-pay, Deductible, or Co-insurance	

RT	Field	R?	Field Name	FL #
V.a) Record type '30', Third Party Payer Data: DHCFP Payer Identification				
30	5.0	R	DHCFP Payer Identification	FL50
ID			**Payer Name**	
88			Freedom Care	
153			Grant	
162			Great West Life POS	
28			Great West Life PPO	
89			Great West/NE Care	
55			Guardian Life Insurance	
23			Guardian Life Insurance Company PPO	
56			Hartford L&A Insurance	
200			Hartford Life Insurance Co **	
1			Harvard Community Health Plan	
20			HCHP of New England (formerly RIGHA)	
37			HCHP-Pilgrim HMO (integrated product)	
14			Health New England Advantage POS	
38			Health New England Select (self-funded)	
24			Health New England, Inc	
45			Health Source New Hampshire	
251			Healthsource CMHC HMO	
164			Healthsource CMHC Plus POS	
49			Healthsource CMHC Plus PPO	
72			Healthsource New Hampshire	
165			Healthsource New Hampshire POS (self-funded)	

\ V.a) Record type '30', Third Party Payer Data: DHCFP Payer Identification				
RT	**Field**	**R?**	**Field Name**	**FL #**
30	5.0	R	DHCFP Payer Identification	FL50
ID			**Payer Name**	
90			Healthsource Preferred (self-funded)	
98			Healthy Start	
271			Hillcrest HMO	
81			HMO Blue	
130			Invalid (replaced by #232 and 233)	
12			Invalid (replaced by #49)	
117			Invalid (no replacement)	
123			Invalid (no replacement)	
53			Invalid (no replacement)	
92			Invalid (replaced by # 84, 166, 184)	
124			Invalid (replaced by # 222)	
105			Invalid (replaced by #111)	
32			Invalid (replaced by #157 and 158)	
41			Invalid (replaced by #157)	
15			Invalid (replaced by #158)	
29			Invalid (replaced by #171 and 250)	
16			Invalid (replaced by #172)	
126			Invalid (replaced by #230)	
122			Invalid (replaced by #234)	
6			Invalid (replaced by #251)	
76			Invalid (replaced by #270)	

**V.a) Record type '30', Third Party Payer Data: DHCFP Payer Identification**				
RT	**Field**	**R?**	**Field Name**	**FL #**
30	5.0	R	DHCFP Payer Identification	FL50
ID			**Payer Name**	
26			Invalid (replaced by #75)	
5			Invalid (replaced by #9)	
61			Invalid (replaced by #96)	
68			Invalid (replaced by #96)	
60			Invalid (replaced by #97)	
57			John Hancock Life Insurance	
82			John Hancock Preferred	
169			Kaiser Added Choice	
40			Kaiser Foundation	
58			Liberty Life Insurance	
85			Liberty Mutual	
59			Lincoln National Insurance	
19			Matthew Thornton	
103			Medicaid (includes MassHealth)	
114			Medicaid Managed Care - United Health Plans of NE (Ocean State Physician's Plan)	
107			Medicaid Managed Care – Community Health Plan	
108			Medicaid Managed Care – Fallon Community Health Plan	
109			Medicaid Managed Care – Harvard Community Health Plan	
110			Medicaid Managed Care – Health New England	
111			Medicaid Managed Care – HMO Blue	

V.a) Record type '30', Third Party Payer Data: DHCFP Payer Identification				
RT	**Field**	**R?**	**Field Name**	**FL #**
30	5.0	R	DHCFP Payer Identification	FL50
ID			**Payer Name**	
112			Medicaid Managed Care – Kaiser Foundation Plan	
113			Medicaid Managed Care – Neighborhood Health Plan	
115			Medicaid Managed Care – Pilgrim Health Care	
119			Medicaid Managed Care Other (not listed elsewhere) ***	
116			Medicaid Managed Care –Tufts Associated Health Plan	
106			Medicaid Managed Care-Central Mass Health Care	
104			Medicaid Managed Care-Primary Care Clinician (PCC)	
118			Medicaid Mental Health & Substance Abuse Plan – Mass Behavioral Health Partnership	
121			Medicare	
127			Medicare HMO - Health New England Medicare Wrap **	
220			Medicare HMO – Blue Care 65	
125			Medicare HMO – Fallon Senior Plan	
221			Medicare HMO – Harvard Community Health Plan 65	
223			Medicare HMO – Harvard Pilgrim Health Care of New England Care Plus	
230			Medicare HMO – HCHP First Seniority	
222			Medicare HMO – Healthsource CMHC	
212			Medicare HMO – Healthsource CMHC Central Care Supplement **	
128			Medicare HMO – HMO Blue for Seniors **	

V.a) Record type '30', Third Party Payer Data: DHCFP Payer Identification				
RT	Field	R?	Field Name	FL #
30	5.0	R	DHCFP Payer Identification	FL50
ID			Payer Name	
129			Medicare HMO – Kaiser Medicare Plus Plan **	
234			Medicare HMO – Managed Blue for Seniors	
132			Medicare HMO – Matthew Thornton Senior Plan	
211			Medicare HMO – Neighborhood Health Plan Senior Health Plus **	
134			Medicare HMO – Other (not listed elsewhere) ***	
131			Medicare HMO – Pilgrim Enhance 65 **	
210			Medicare HMO – Pilgrim Preferred 65 **	
231			Medicare HMO – Pilgrim Prime	
232			Medicare HMO – Seniorcare Direct	
233			Medicare HMO – Seniorcare Plus	
224			Medicare HMO – Tufts Secure Horizons	
225			Medicare HMO – US Healthcare	
133			Medicare HMO –Tufts Medicare Supplement (TMS)	
43			MEDTAC	
96			Metrahealth (United Health Care of NE)	
158			Metrahealth – HMO (United Health Care of NE)	
172			Metrahealth – POS (United Health Care of NE)	
157			Metrahealth – PPO (United Health Care of NE)	
201			Mutual of Omaha **	
62			Mutual of Omaha Insurance	
33			Mutual of Omaha PPO	

V.a) Record type '30', Third Party Payer Data: DHCFP Payer Identification				
RT	**Field**	**R?**	**Field Name**	**FL #**
30	5.0	R	DHCFP Payer Identification	FL50
ID			**Payer Name**	
47			Neighborhood Health Plan	
3			Network Blue (PPO)	
91			New England Benefits	
63			New England Mutual Insurance	
64			New York Life Care Indemnity (New York Life Insurance)	
34			New York Life Care PPO	
202			New York Life Insurance **	
159			None (Valid only for Secondary Source of Payment)	
31			One Health Plan HMO (Great West Life)	
77			Options for Healthcare PPO	
147			Other Commercial (not listed elsewhere) ***	
199			Other EPO (not listed elsewhere) ***	
144			Other Government	
148			Other HMO (not listed elsewhere) ***	
141			Other Medigap (not listed elsewhere) ***	
150			Other Non-Managed Care (not listed elsewhere) ***	
99			Other POS (not listed elsewhere) ***	
156			Out of state BCBS	
120			Out-of-State Medicaid	
135			Out-of-State Medicare	
65			Paul Revere Life Insurance	

RT	Field	R?	Field Name	FL #
**V.a) Record type '30', Third Party Payer Data: DHCFP Payer Identification**
30	5.0	R	DHCFP Payer Identification	FL50
ID			**Payer Name**	
78			Phoenix Preferred PPO	
10			Pilgrim Advantage – PPO	
39			Pilgrim Direct	
8			Pilgrim Health Care	
95			Pilgrim Select – PPO	
183			Pioneer Health Care EPO	
79			Pioneer Health Care PPO	
25			Pioneer Plan	
149			PPO and Other Managed Care(not listed elsewhere) ***	
203			Principal Financial Group (Principal Mutual Life)	
184			Private Healthcare Systems EPO	
166			Private Healthcare Systems POS	
84			Private Healthcare Systems PPO	
75			Prudential Healthcare HMO	
17			Prudential Healthcare POS	
18			Prudential Healthcare PPO	
66			Prudential Insurance	
93			Psychological Health Plan	
101			Quarto Claims	
168			Reserved	
173 – 180			Reserved	

RT	Field	R?	Field Name	FL #
**V.a) Record type '30', Third Party Payer Data: DHCFP Payer Identification**
30	5.0	R	DHCFP Payer Identification	FL50
ID			**Payer Name**	
185 – 198			Reserved	
205 – 209			Reserved	
213 – 219			Reserved	
226 – 229			Reserved	
235 – 249			Reserved	
252 – 269			Reserved	
145			Self-Pay	
94			Time Insurance Co	
100			Transport Life Insurance	
7			Tufts Associated Health Plan	
80			Tufts Total Health Plan PPO	
97			UniCare	
182			UniCare Preferred Plus Managed Access EPO	
270			UniCare Preferred Plus PPO	
70			Union Labor Life Insurance	
86			United Health & Life PPO (Subsidiary of United Health Plans of NE)	
73			United Health and Life(subsidiary of United Health Plans of NE)	
9			United Health Plan of New England (Ocean State)	
74			United Healthcare Insurance Company	
35			United Healthcare Insurance Company – HMO	

V.a) Record type '30', Third Party Payer Data: DHCFP Payer Identification				
RT	Field	R?	Field Name	FL #
30	5.0	R	DHCFP Payer Identification	FL50
ID			**Payer Name**	
163			United Healthcare Insurance Company – POS (New for 1997)	
36			United Healthcare Insurance Company – PPO (New for 1997)	
48			US Healthcare	
83			US Healthcare Quality Network Choice- PPO	
170			US Healthcare Quality POS	
102			Wausau Insurance Company	
146			Worker's Compensation	

V.b)   Employment Status Code

V.b) Record type '30', Third Party Payer Data: Employment Status Code				
RT	Field	R?	Field Name	FL #
30	19.0	C	Employment Status Code	FL64
Valid Entries			**Definition**	
1			Employed full time	
2			Employed part time	
3			Not employed	
4			Self employed	
5			Retired	
6			On active military duty	
9			Unknown	

V.c)   Patient's Relationship to Insured

RT	Field	R?	Field Name	FL #
				

V.c) Record type '30', Third Party Payer Data: Patient's Relationship to Insured				
RT	Field	R?	Field Name	FL #
30	18.0	C	Patient's Relationship to Insured	FL59
Valid Entries		**Definition**		
Refer to Section IV.a, Employer Qualifier (Patient's relationship to Insured)				

V.d)   Release of Information Certification Indicator

V.d) Record type '30', Third Party Payer Data: Release of Information Certification Indicator				
RT	Field	R?	Field Name	FL #
30	16.0	R	Release of Information Certification Indicator	FL52
Valid Entries	**Definition**			
Y	Indicates the provider has on file a signed statement permitting the provider to release data to other organizations in order to adjudicate the claim.			
R	Indicates the release is limited or restricted.			
N	Indicates no release on file.			

VI) Record Type '40': Claim Data – Occurrence

VI.a)   Occurrence Code

VI.a) Record Type '40': Claim Data – Occurrence: Occurrence Code				
RT	**Field**	**R?**	**Field Name**	**FL#**
40	8.0,10.0, 12.0, 14.0, 16.0, 18.0, 20.0	C	Occurrence Code	FL32-35
Code	**Title**		**Definition**	
01	Auto accident		Code indicates the date of an auto accident. This code is used to report an auto accident that involves liability insurance.	
02	No-Fault Insurance Involved – Including Auto Accident/Other		Code indicates the date of an accident, including auto or other, where the State has applicable no- fault or liability laws (i.e., legal basis for settlement without admission or proof of guilt).	
03	Accident/Tort Liability		Code indicates the date of an accident resulting from a third party's action that may involve a civil court process in an attempt to require payment by the third party, other than no-fault liability.	
04	Accident/Employment Related		Code indicates the date of accident relating to the patient's employment	
05	Other Accident		Code indicates the date of an accident not described by the above codes. This code is used to report that the provider has developed for other casualty related payers and has determined there are none. (Additional development not needed.)	

VI.b)   Type of Bill

VI.b) Record Type '40': Claim Data – Occurrence: Type of Bill				
RT	**Field**	**R?**	**Field Name**	**FL#**
40	4.0	R	Type of Bill	FL04

Definition
This three-digit alphanumeric code gives three specific pieces of information. The first digit identifies the type of facility. The second classifies the type of care. The third indicates the sequence of this bill in this particular episode of care. It is referred to as "frequency" code.

1st Digit	**Type of Facility**	
1	Hospital	
2	Community Health Center	
3	Hospital-based Community Health Center	
2nd Digit	**Classification**	
1	Inpatient	
3	Outpatient	
3rd Digit	**Frequency**	**Definition**
1	New Admit-Through-Discharge Claim	This code is used for a bill encompassing an entire inpatient confinement or course of outpatient treatment for which the provider expects payment from the payer. **New claims must have a unique TCN**.
3	Interim, Continuing Claim	Use this code to indicate this bill is for a continuing Inpatient stay where the patient is still an inpatient. **The Interim code may also be submitted for Outpatient claims for Home Care Services only.** **Interim claims must have a unique TCN.**
5	Late Charges Only	Use this code to indicate this bill is for late charges to be applied to a previously submitted bill. **Late Charges claims must have a unique TCN.**

VI.b) Record Type '40': Claim Data – Occurrence: Type of Bill		
7	Replacement of Prior Claim	This code is used by the provider to resubmit a previously submitted bill. This is the code applied to the corrected bill.
		The resubmitted claim must have the same TCN as the original claim.
		The resubmitted claim must have the same UC Write Off Date as the original claim.
		Use replacement claims for previously submitted claims which fail edits.
		Do not use replacement claims to resubmit previously accepted claims if the charges are being adjusted.
		Do not use a replacement claim in combination with a void claim when correcting a bill.
8	Void/Cancel of a Prior Claim	Use this code to indicate a bill/charge is an exact duplicate of an incorrect bill/charge previously submitted.
		The voided claim must have the same TCN as the original claim.
		The UC Write Off Date must be the month and year the recovery is made and reported on the UC form.
		The sum of UC Charges on '30' Records for DHCFP Payer Identification codes 143 and 990 must match those in the claim to be voided.
		A void claim may be used in combination with a new claim in order to correct charges.

VI.c)   Value Code (UCP)

VI.c) Record Type '40': Claim Data – Occurrence: Value Code (UCP)				
RT	Field	R?	Field Name	FL#
40	28.0	R	Value Code (UCP)	FL39-41
Valid Entries			Definition	
PF			Regular UCP claim (free care application on file)	
PE			Emergency bad debt claim (free care application not on file)	
PT			Claim for charges previously billed to the UCP prior to successful third party liability recovery.	

VII) Record Type '50': Inpatient Accommodations Data

VII.a)   Accommodations Revenue Code

VII.a) Record Type ''50': Inpatient Accommodations Data: Accommodations Revenue Code				
RT	Field	R?	Field Name	FL
50	5.0	R	Accommodations Revenue Code	FL42
Valid Codes			Definition	
Refer to Federal Register Guidelines, Volume 4-7-00, Vol. 65, No.68.				

VIII) Record type '60': Inpatient Ancillary Services Data

VIII.a) HCPCS Procedure Codes

VIII.a) Record Type ''60': Inpatient Ancillary Services Data: HCPCS Procedure Codes				
RT	**Field**	**R?**	**Field Name**	**FL#**
60	6.0	C	HCPCS Procedure Code/HIPPS	FL44
60	7.0	C	Modifier 1 (HCPCS & CPT-4)	FL44
60	8.0	C	Modifier 2 (HCPCS & CPT-4)	FL44
Valid Entries			**Definition**	
Refer to Federal Register Guidelines, Volume 4-7-00, Vol. 65, No.68.				

VIII.b) Inpatient Ancillary Revenue Code

VIII.b) Record Type ''60': Inpatient Ancillary Services Data: Inpatient Ancillary Revenue Code				
RT	**Field**	**R?**	**Field Name**	**FL#**
60	5.0	R	Inpatient Ancillary Revenue Code	FL42
Valid Entries			**Definition**	
Refer to Federal Register Guidelines, Volume 4-7-00, Vol. 65, No.68.				

IX) Record type '61': Outpatient Procedures

IX.a)   HCPCS Procedure Codes

IX.a) Record Type ''61': Outpatient Procedures: HCPCS Procedure Codes				
RT	Field	R?	Field Name	FL#
61	6.0	C	HCPCS Procedure Code/HIPPS	FL44
61	7.0	C	Modifier 1 (HCPCS & CPT-4)	FL44
61	8.0	C	Modifier 2 (HCPCS & CPT-4)	FL44

Valid Entries	Definition
Refer to Federal Register Guidelines, Volume 4-7-00, Vol. 65, No.68 for valid codes.	
Outpatient HCPCS Procedure Code is Required for Outpatient Claims except when preceded by the following Revenue Codes.	
Outpatient HCPCS Procedure Codes are NOT required when preceded by the following Revenue Codes series:	
25x	**Pharmacy**
26x	**IV Therapy**
27x	**Supplies**
29x	**DME**
37x	**Anesthesia**
38x	**Blood**
39x	**Blood Storage**
60x	**Oxygen**
62x	**Supplies**
634	**Drugs requiring ID-EPO < 1**
635	**Drugs requiring ID-EPO 10**
71x	**Recovery Room**

Valid Entries	Definition
Refer to Federal Register Guidelines, Volume 4-7-00, Vol. 65, No.68 for valid codes. **Outpatient HCPCS Procedure Code is Required for Outpatient Claims except when preceded by the following Revenue Codes.** **Outpatient HCPCS Procedure Codes are NOT required when preceded by the following Revenue Codes series:**	
79x	**Lithotripsy**

IX.b)   Revenue Code (Outpatient)

IX.b) Record Type ''61'': Outpatient Procedures: Revenue Code (Outpatient)				
RT	**Field**	**R?**	**Field Name**	**FL#**
61	5.0	R	Revenue Code – 1	FL79
Valid Codes		**Definition**		
Refer to Federal Register Guidelines, Volume 4-7-00, Vol. 65, No.68.				

X) Record Type '70': Medical Data

X.a) Diagnosis Codes

table				
X.a) Record Type '70': Medical Data: Diagnosis Codes				
RT	**Field**	**R?**	**Field Name**	**FL**
70	4.0	R	Principal Diagnosis Code (ICD-9-CM)	FL67
70	5.0 – 12.0	C	Other Diagnosis Codes – 1 through 8	FL68
Valid Entries		**Definition**		
Refer to national standard ICD-9-CM diagnosis code lists				

X.b) Procedure Codes

table				
X.b) Record Type '70': Medical Data: Procedure Codes				
RT	**Field**	**R?**	**Field Name**	**FL#**
70	13.0	C	Principal Procedure Code	FL80
70	15.0, 17.0, 19.0, 21.0, 23.0	C	Other Procedure Codes –1 to 5	FL81
For valid Procedure Codes, refer to national standard ICD-9-CM, CPT-4, or HCPCS Procedure Code List, as indicated in RT 70, field 27. For HCPCS codes, refer to Federal Register Guidelines, Volume 4-7-00, Vol. 65, No.68. Only one Procedure Coding Method is allowed per Claim.				

X.c)   Procedure Coding Method Used

X.c) Record Type '70': Medical Data: Procedure Coding Method Used				
RT	**Field**	**R?**	**Field Name**	**FL#**
70	27.0	C	Procedure Coding Method Used	FL79
Valid Procedure Coding Method Indicators			**Definition**	
4			CPT-4 (HCFA Common Procedure Coding System)	
5			HCPCS	
9			ICD-9-CM	

XI) Record Type '80': Physician Data

XI.a) Other Caregiver Number

XI.a) Record Type ''80': Physician Data: Other Caregiver Number					
RT	**Field**	**R?**	**Field Name**		**FL #**
80	7.0	C	Other Physician Number		FL83
Valid Entries			**Definition**		
(BORIM #)			Any valid Board of Registration in Medicine number(State License #) as assigned by Board.		
CHIRO			Chiropractor		
DENT			Dentist		
LICSW			L.I.C.S.W.		
NURPRA			Nurse Practitioner		
NURSE			Nurse		
OTHER			Other		
PHYAST			Physician Assistant		
PSYCH			Psychologist		
DENSG			Dental Surgeon		
PODTR			Podiatrist		
MIDWIF			Midwife		

XI.b) Outpatient CPT Codes Requiring Attending Physician Number

XI.b) Record Type ''80': Physician Data: Outpatient CPT Codes requiring Attending Physician Number				
RT	**Field**	**R?**	**Field Name**	**FL #**
80	5.0	C	Attending Physician Number	FL82
CPT 1999 Codes			**Definition**	
99201-99205			New Outpatient Office Visit	
99211-99215			Established Outpatient Office Visit	
99241-99245			Office Consultations	
99271-99275			Confirmatory Consultation	
99281-99288			Emergency Department Services	
99291-99292			Critical Care Services	
99354-99357			Prolonged Physician Service With Direct (Face to Face) Contact	
99358-99359			Prolonged Physician Service Without Direct (Face to Face) Contact	
99360			Physician Standby Services	
99361-99362			Team Conferences	
99371-99373			Telephone Calls	
99374-99380			Care Plan Oversight	
99381-99387			Preventive Medicine Services – New Patient	
99391-99397			Preventive Medicine Services – Established Patient	
99401-99412			Preventive Counseling	
99431-99440			Newborn Care	
99450-99456			Special Evaluation and Management of Services	
99499			Other Evaluation and Management Services	
90801-90815			Psychiatric Services	

Alphabetical Field List Cross Reference

Alphabetical Field List Cross Reference				
Field Name	RT	Field#	R?	FL #
Accommodations – 2	50	11	C	
Accommodations - 3	50	13	C	
Accommodations - 4	50	15	C	
Accommodations Days	50	7	R	FL46
Accommodations Non-covered Charges	50	9	N	FL48
Accommodations Noncovered Charges for the Batch	95	9	N	
Accommodations Noncovered Charges for the File	99	7	N	
Accommodations Rate	50	6	R	FL44
Accommodations Revenue Code	50	5	R	FL42
Accommodations Total Charges	50	8	R	FL47
Accommodations Total Charges for the Batch	95	8	R	
Accommodations Total Charges for the File	99	6	R	
Admission Hour	20	18	C	FL18
Admission/Start of Care Date	20	17	R	FL17
Admitting Diagnosis Code	70	25	C	FL76
Ancillary Noncovered Charges for the Batch	95	11	N	
Ancillary Noncovered Charges for the File	99	9	N	
Ancillary Total Charges for the Batch	95	10	R	
Ancillary Total Charges for the File	99	8	R	
Assessment Date (CCYYMMDD)	60	13	N	
Assignment of Benefits Certification Indicator	30	17	N	FL53

Alphabetical Field List Cross Reference				
Field Name	**RT**	**Field#**	**R?**	**FL #**
Associated Diagnosis Code - 1	70	5	C	FL68
Associated Diagnosis Code - 2	70	6	C	FL68
Associated Diagnosis Code - 3	70	7	C	FL68
Associated Diagnosis Code - 4	70	8	C	FL68
Associated Diagnosis Code - 5	70	9	C	FL68
Associated Diagnosis Code - 6	70	10	C	FL68
Associated Diagnosis Code - 7	70	11	C	FL68
Associated Diagnosis Code – 8	70	12	C	FL68
Attending Physician Name*	80	9	N	FL82
Attending Physician Number	80	5	R	FL82
Batch Number	10	3	R	
CHAMPUS Insurer Provider Number	10	8	N	FL51
Coinsurance Days	30	22	N	FL09
Country Code	1	15	N	
Country Code	10	18	N	
Covered Charges	30	25	R	
Covered Days	30	20	N	FL07
Date of Receipt (CCYYMMDD) (intermediary use only)	1	19	N	
Date of Service (CCYYMMDD)	61	13	R	FL45
Department of Public Health Number for Provider (DPH#)	10	6	R	FL51
DHCFP Payer Identification	30	5	R	FL50
Discharge Hour	20	22	C	FL21
Employer Address	21	5	C	FL66
Employer Address	21	12	C	FL66

Alphabetical Field List Cross Reference				
Field Name	RT	Field#	R?	FL #
Employer City	21	6	R	FL66
Employer City	21	13	C	FL66
Employer Name	21	4	R	FL65
Employer Name	21	11	C	FL65
Employer Qualifier (COB only)	21	16.2	C	FL59
Employer Qualifier (Patient's relationship to Insured)	21	9.2	C	FL59
Employer State	21	7	C	FL66
Employer State	21	14	C	FL66
Employer ZIP Code	21	8	C	FL66
Employer ZIP Code	21	15	C	FL66
Employment Status Code	21	9.1	C	FL64
Employment Status Code	21	16.1	C	FL64
Employment Status Code of Insured	30	19	C	FL64
Estimated Amount Due	30	26	R	FL55
Estimated Amount Due (Patient line)	20	24	R	FL55
External Cause of Injury (E-Code)	70	26	C	FL77
Federal Tax Number (EIN) for Provider	95	2	R	FL05
Federal Tax Number or EIN	10	4	R	FL05
Federal Tax Sub ID	10	5	N	
File Reference Number	1	17	C	
Filler	1	22	N	
Filler	10	2	N	
Filler	30	6	N	FL50
Filler	30	8.1	N	

Alphabetical Field List Cross Reference				
Field Name	**RT**	**Field#**	**R?**	**FL #**
Filler	30	9	N	
Filler	30	4	N	
Filler	40	18	N	FL32-35
Filler	40	19	N	FL32-35
Filler	40	20	N	FL32-35
Filler	40	21	N	FL32-35
Filler	40	29		
Filler	50	4	N	
Filler	50	10	N	
Filler	50	12	N	
Filler	50	14	N	
Filler	60	4	N	
Filler	61	4		
Filler	90	18	N	
Filler	95	7	N	
Filler	99	14	N	
Filler (Local Use)	1	21	N	
Filler (Local Use)	95	14	N	
Filler (National Use)	1	4	N	
Filler (National Use)	1	8	N	
Filler (National Use)	10	19	N	
Filler (National Use)	20	2	N	
Filler (National Use)	20	26	N	
Filler (National Use)	21	10	N	

Alphabetical Field List Cross Reference				
Field Name	RT	Field#	R?	FL #
Filler (National Use)	21	17	N	
Filler (National Use)	60	14	N	
Filler (National Use)	61	14	N	
Filler (National Use)	70	28	N	
Filler (National Use)	80	13	N	
Filler (National Use)	90	2	N	
Filler (State Use)	10	20	N	
Form Locator 49	60	12	N	
Form Locator 49	61	10	N	FL49
HCPCS Procedure Code	61	6	R	FL44
HCPCS Procedure Code/HIPPS	60	6	C	FL44
Inpatient Ancillaries - 2	60	15	C	
Inpatient Ancillaries - 3	60	16	C	
Inpatient Ancillary Non-covered Charges	60	11	N	FL48
Inpatient Ancillary Revenue Code	60	5	R	FL42
Inpatient Ancillary Total Charges	60	10	R	FL47
Inpatient Ancillary Units of Service	60	9	N	FL46
Insurance Group Number	30	10	C	FL62
Insured Group Name	30	11	C	FL61
Insured's First Name	30	13	R	FL58
Insured's Last Name	30	12	R	FL58
Insured's Middle Initial	30	14	C	FL58
Insured's Sex	30	15	N	
Leave of Absence Days	50	16	C	

Alphabetical Field List Cross Reference				
Field Name	RT	Field#	R?	FL #
Lifetime Reserve Days	30	23	N	FL10
Medical Record Number	20	25	R	FL23
Modifier 1 (HCPCS & CPT-4)	60	7	C	FL44
Modifier 1 (HCPCS & CPT-4)	61	7	C	FL44
Modifier 2 (HCPCS & CPT-4)	60	8	C	FL44
Modifier 2 (HCPCS & CPT-4)	61	8	C	FL44
Multiple Provider Billing File Indicator	1	3	R	
Noncovered Accommodation Charges -Revenue Centers	90	14	N	
Noncovered Ancillary Charges –Revenue Centers	90	16	N	
Non-covered Days	30	21	N	FL08
Number of Batches Billed this File	99	5	R	
Number of Claims	95	6	R	
Number of Claims for the File	99	12	R	
Number of Records for the File	99	13	R	
Occurrence Code - 1	40	8	C	FL32-35
Occurrence Code - 2	40	10	C	FL32-35
Occurrence Code - 3	40	12	C	FL32-35
Occurrence Code - 4	40	14	C	FL32-35
Occurrence Code - 5	40	16	C	FL32-35
Occurrence Date - 2	40	11	C	FL32-35
Occurrence Date - 3	40	13	C	FL32-35
Occurrence Date - 4	40	15	C	FL32-35
Occurrence Date - 5	40	17	C	FL32-35
Occurrence Date - I	40	9	C	FL32-35

Alphabetical Field List Cross Reference				
Field Name	**RT**	**Field#**	**R?**	**FL #**
Occurrence Span Code – 1	40	22	N	FL36
Occurrence Span Code – 2	40	25	N	FL36
Occurrence Span FROM DATE-1	40	23	N	FL36
Occurrence Span FROM DATE-2	40	26	N	FL36
Occurrence Span THRU DATE-1	40	24	N	FL36
Occurrence Span THRU DATE-2	40	27	N	FL36
Operating Physician Name*	80	10	N	
Operating Physician Number	80	6	C	FL83
Other Caregiver Number	80	7	C	FL83
Other Caregiver Number	80	8	C	FL83
Other Insurer Provider Number	10	9	N	FL51
Other Insurer Provider Number	10	10	N	FL51
Other Physician Name*	80	11	N	FL83
Other Physician Name*	80	12	N	FL83
Other Procedure Code - 2	70	17	C	FL81
Other Procedure Code - 3	70	19	C	FL81
Other Procedure Code - 4	70	21	C	FL81
Other Procedure Code - 5	70	23	C	FL81
Other Procedure Code –1	70	15	C	FL81
Other Procedure Date - 1	70	16	C	FL81
Other Procedure Date - 2	70	18	C	FL81
Other Procedure Date - 3	70	20	C	FL81
Other Procedure Date - 4	70	22	C	FL81
Other Procedure Date - 5	70	24	C	FL81

Alphabetical Field List Cross Reference				
Field Name	RT	Field#	R?	FL #
Outpatient Non-covered Charges	61	12	N	FL48
Outpatient Total Charges	61	11	R	FL47
Patient / Transaction Control Number (TCN)	20	3	R	FL03
Patient / Transaction Control Number (TCN)	21	3	R	FL03
Patient / Transaction Control Number (TCN)	30	3	R	FL03
Patient / Transaction Control Number (TCN)	40	3	R	FL03
Patient / Transaction Control Number (TCN)	50	3	R	FL03
Patient / Transaction Control Number (TCN)	60	3	R	FL03
Patient / Transaction Control Number (TCN)	61	3	R	FL03
Patient / Transaction Control Number (TCN)	70	3	R	FL03
Patient / Transaction Control Number (TCN)	80	3	R	FL03
Patient / Transaction Control Number (TCN)	90	3	R	
Patient Address - Line 1	20	12	C	FL13
Patient Address - Line 2	20	13	C	FL13
Patient Birthdate	20	8	C	FL14
Patient City	20	14	C	FL13
Patient First Name	20	5	R	FL12
Patient Last Name	20	4	R	FL12
Patient Marital Status	20	9	C	FL16
Patient Middle Initial	20	6	C	FL12
Patient Sex	20	7	R	FL15
Patient State	20	15	C	FL13
Patient Status	20	21	R	FL22
Patient Tax ID Number	30	24	C	

Alphabetical Field List Cross Reference				
Field Name	**RT**	**Field#**	**R?**	**FL #**
Patient ZIP Code	20	16	C	FL13
Patient's Relationship to Insured	30	18	C	FL59
Payer Name	30	8.2	C	FL50
Payments Received (Patient line)	20	23	R	FL54
Physical Record Count (Excluding RT 90)	90	4	R	
Physician Number Qualifying Codes	80	4	N	
Principal Diagnosis Code	70	4	R	FL67
Principal Procedure Code	70	13	C	FL80
Principal Procedure Date	70	14	C	FL80
Procedure Coding Method Used	70	27	C	FL79
Processing Date (Date Bill Submitted)	1	20	R	
Provider Address	10	13	R	FL01
Provider City	10	14	R	FL01
Provider FAX Number	10	17	N	
Provider Name	10	12	R	FL01
Provider State	10	15	R	FL01
Provider Telephone Number	10	11	N	FL01
Provider ZIP Code	10	16	R	FL01
Receiver Identification	1	6	N	
Receiver Identification	95	3	N	
Receiver Identification	99	3	N	
Receiver Sub- Identification	1	7	N	
Receiver Sub- Identification	99	4	N	
Receiver Sub-Identification	95	4	N	

Alphabetical Field List Cross Reference				
Field Name	**RT**	**Field#**	**R?**	**FL #**
Receiver Type Code	1	5	N	
Record type	1	1	R	
Record Type '70'	70	1	R	
Record type '10'	10	1	R	
Record type '20'	20	1	R	
Record Type 20-21 Count	90	5	R	
Record type '21'	21	1	R	
Record type '30'	30	1	R	
Record Type 30 Count	90	6	R	
Record Type '40'	40	1	R	
Record Type 40 Count	90	7	R	
Record type '50'	50	1	R	
Record Type 50 Count	90	8	R	
Record type '60'	60	1	R	
Record Type 60-61 Count	90	9	R	
Record type '61'	61	1	R	
Record Type 70 Count	90	10	R	
Record Type '80'	80	1	R	
Record Type 80 Count	90	11	R	
Record Type '90'	90	1	R	
Record Type 91 Qualifier	90	12	N	
Record Type '95'	95	1	R	
Record Type '99'	99	1	R	
Release of Information Certification Indicator	30	16	R	FL52

Alphabetical Field List Cross Reference				
Field Name	**RT**	**Field#**	**R?**	**FL #**
Revenue Code - 1	61	5	R	FL42
Revenue Code - 2	61	15	C	
Revenue Code - 3	61	16	C	
Sequence	70	2	R	
Sequence	80	2	R	
Sequence Number	21	2	R	
Sequence Number	30	2	R	
Sequence Number	40	2	R	
Sequence Number	50	2	R	
Sequence Number	60	2	R	
Sequence Number	61	2	R	
Social Security Number	30	7	C	FL60
Source of Admission	20	11	C	FL20
Statement Covers Period From	20	19	R	FL06
Statement Covers Period Thru	20	20	R	FL06
Submitter Address	1	10	N	
Submitter City	1	11	N	
Submitter EIN	1	2	R	FL05
Submitter EIN	99	2	R	FL05
Submitter FAX Number	1	14	N	
Submitter Name	1	9	R	
Submitter State	1	12	N	
Submitter Telephone Number	1	16	N	
Submitter ZIP Code	1	13	N	

Alphabetical Field List Cross Reference				
Field Name	RT	Field#	R?	FL #
Test/Production Indicator	1	18	R	
Total Accommodation Charges – Revenue Centers	90	13	R	
Total Ancillary Charges -Revenue Centers	90	15	R	
Total Charges for Batch	95	12	R	
Total Charges for the File	99	10	R	
Total Noncovered Charges for the Batch (COB only)	95	13	N	
Total Noncovered Charges for the File	99	11	N	
Treatment Authorization Code-A	40	5	N	FL63
Treatment Authorization Code-B	40	6	N	FL63
Treatment Authorization Code-C	40	7	N	FL63
Type of Admission	20	10	C	FL19
Type of Batch	95	5	N	FL04
Type of Bill	40	4	R	FL04
UC Write Off Date	90	17	R	
Uncompensated Care Pool Organization ID for Provider	10	7	R	FL51
Units of Service	61	9	N	FL46
Value Code (UCP)	40	28	R	FL39-41

File Submission Rules

This section will be expanded in a later version of this document.

File Format

Text file containing 192-character rows.

Data Transmission Media Specifications

The Division's goal is to collect claims data via a Virtual Private Network (VPN). However, at this time the state is just beginning the implementation of its VPN network and is not yet prepared to offer it as a data transmission option. As an interim measure, the Division will collect the information on any one of the media types described below. Providers are required to notify the Division of the media type and submit test information to verify compatibility and format. This testing and certification must be completed for each provider prior to scheduled data submissions.

Compact Disk:

A Compact Disk (CD) with a total capacity of 650 megabytes is the standard format accepted. CD-R and CD-RW are also acceptable formats as long as the CDs themselves have been closed (no more data can be added to them).

Zip Disk:

An Iomega Zip Disk with a total capacity of either 100 megabytes or 250 megabytes is the standard format accepted. The Division is equipped to handle either of these Zip Disk formats.

*DAT Tape:

A 4mm (Digital Audio Tape) cartridge with a total capacity of 4.0 gigabytes is the standard format accepted.

*DLT Tape:

A _" (Digital Linear Tape) cartridge with a total capacity of 35 gigabytes (uncompressed) and 70 gigabytes (compressed) is the standard format accepted.

*Software Supported

- Veritas – Backup Exec 8.0

- Microsoft – NT Backup 4.0

- Iomega – 1 Step Backup/Restore

Submission Acceptance Rules

Files will undergo a series of record checks or edits at the record and field level. The data will be edited for compliance with the edit specifications set forth in this document. Failure of these edits will cause a File or a Claim to fail. Any of these items, if failed, must be resubmitted in full.

File Level Edits

Files with any missing or failed records of Record Types 01, 10, 95 or 99 must be resubmitted in full.

Record Level Edits

Records with incorrect format, or with any fields that fail edits, will be considered failed records. Certain errors will not cause a record to fail, but will be reported in the remittance advice.

Records must have the following format:

♦   192 character row.

Claim Level Edits

All errors will be recorded for each claim. A claim will be rejected from the data file for any failed fields/records. Claims with any failed records in Record Types 20-90 must be resubmitted in full.

Electronic Claims File Summary Report

An Electronic Claims File Summary Report will be returned to Providers, outlining file summary information and individual claim edit information.